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Management Evaluation



Agenda

- Welcome and Introduction
- Management Evaluation Guide
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- Management Evaluation Proven Practices
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MANAGEMENT EVALUATION GUIDE

Program Access Components

- Lobby Observation
- Reception Staff
- Screening
- Intake Interviews
- Recertification Process
- Call Center
- Website Review
- ME Follow Up

LOBBY OBSERVATION

Program Access



LOBBY OBSERVATION



LOBBY OBSERVATION

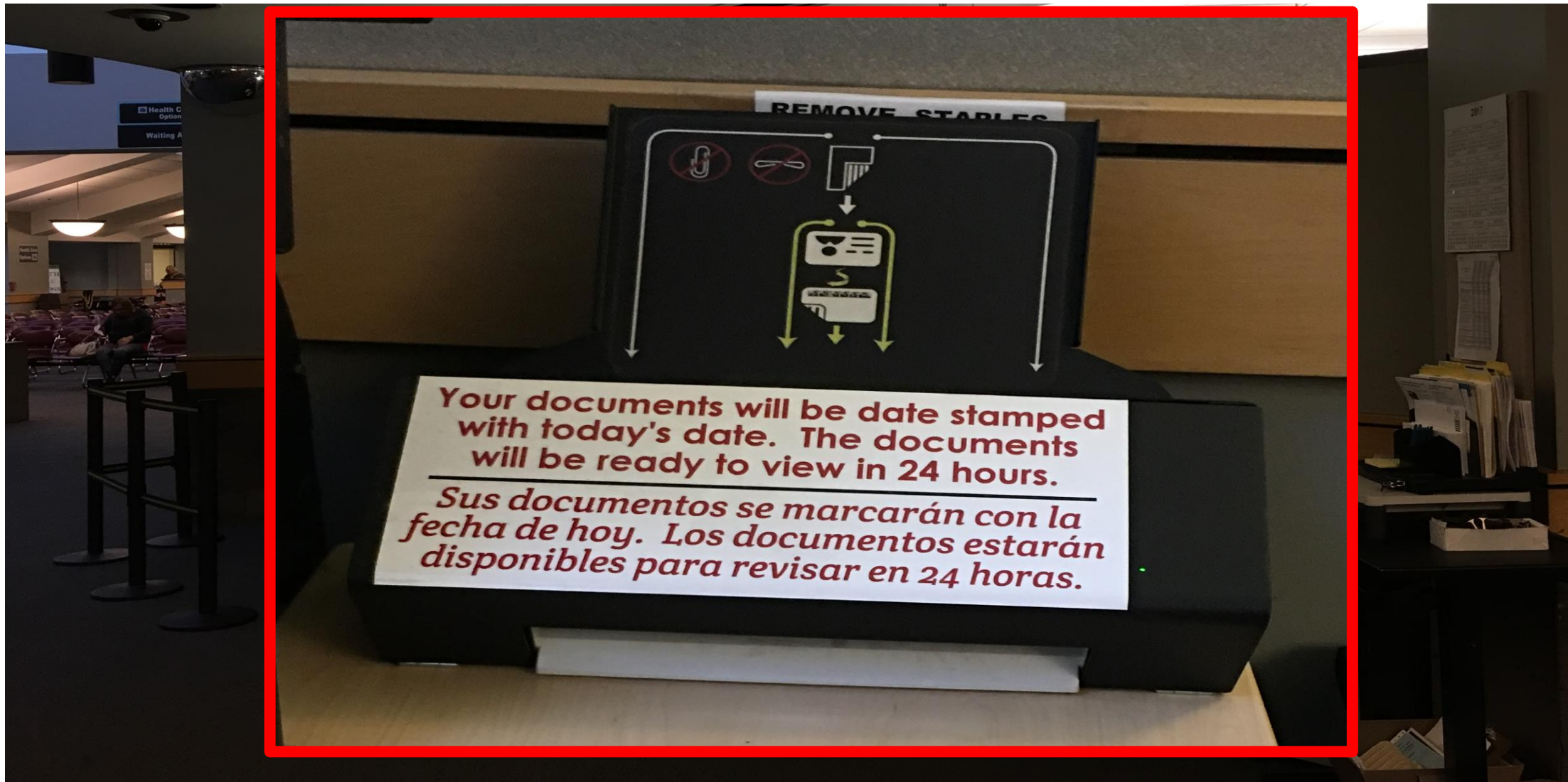
7/6/2018



A digital display screen showing "Now Serving" information. The screen has a blue header with the SF BenefitsNet logo and a city skyline. Below the header, there are two tables. The left table lists tickets F600 and R103, both serving at Door A. The right table lists tickets W103, N105, A104, N107, and N108, serving at Counter 7, Door A, Counter 9, Door A, and Door A respectively. At the bottom, a blue banner reads: "d if you are homeless, elderly, or disabled. As early as".

Now Serving		Now Serving	
Ticket	Location	Ticket	Location
F600	Door A	W103	Counter 7
R103	Door A	N105	Door A
		A104	Counter 9
		N107	Door A
		N108	Door A

LOBBY OBSERVATION



LOBBY OBSERVATION

Application Readily Accessible

CDSS will observe the lobby for applications that are available to the public, without the public having to ask for one. The HH should be free to access an application without interacting with a CWD employee.

Regulation: MPP 63-300.34

- Application shall be readily accessible **and** provided to anyone who requests the form.



LOBBY OBSERVATION

ES Verbal Informing

CDSS will observe the CWD front end application process to ensure that HHs are informed about expedited service when they inquire about CalFresh.

Regulation: MPP 63-301.521

- A CWD employee or volunteer shall inform potential applicants orally of the right to expedited service and how to initiate the process.
- The CWD shall advise HHs who inquire about the CalFresh program by telephone of expedited service.

Note: *The CWD shall assist an applicant, upon request, in filling out forms and completing the application process.*

LOBBY OBSERVATION



Expedited Services (CF ES) Greeter's Script

“Did you know that the County of Santa Clara has Expedited Services (ES) available for CalFresh applications?”

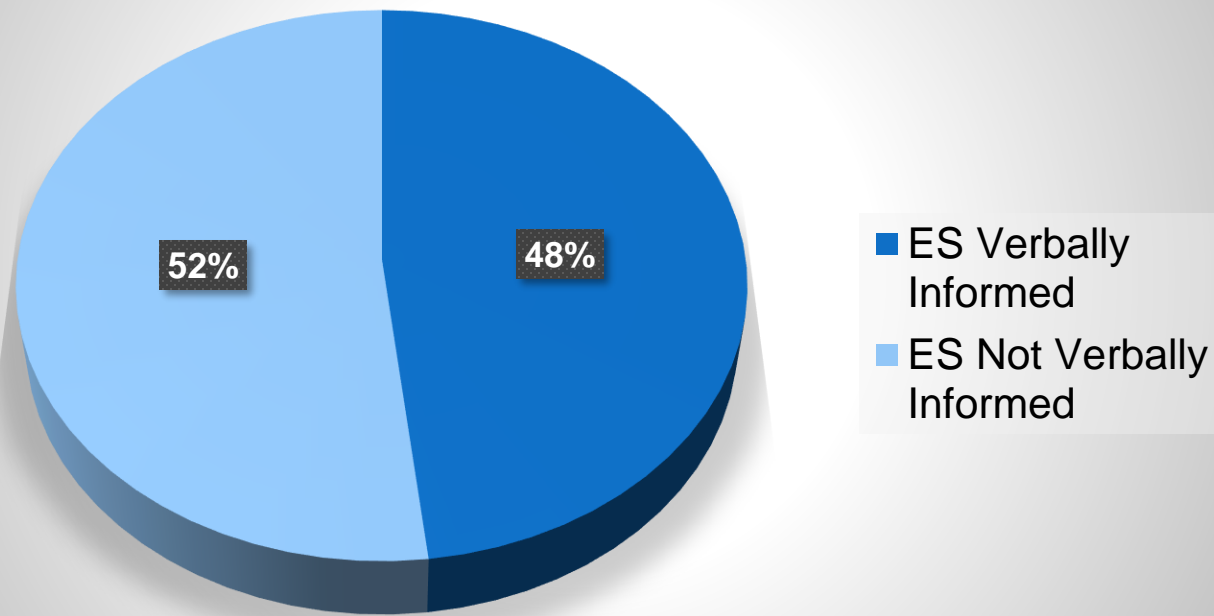
- ✓ **“All applications will be screened to determine if you are eligible for CalFresh ES benefits.”**
- ✓ **“Your Eligibility Worker (EW) will provide further details to you.”**
- ✓ **“If you need assistance in filling out forms and completing the application process, please let us know right away.”**

Note: The County of Santa Clara will also advise individuals who inquire about the CalFresh program by telephone of the ES processing standards for eligible households.

LOBBY OBSERVATION

ES Verbal Informing

Verbal Informing of ES (FFY 2018)



Federal Fiscal Year 2018

- 48% of counties are verbally informing applicants about ES
- 52% of counties are not verbally informing applicants of ES

Note: Ranked as number 5, from Top 7 ME Findings.

LOBBY OBSERVATION

Methods to Apply

CDSS will observe the CWD to ensure that HHs are being advised of the methods to apply. This can be completed by posting the Methods to Apply poster that CDSS has shared with counties.

Regulation: MPP 63-300.3

- Each HH shall be advised of their right to file an application, either paper or electronic, on the same day they contact the CWD office.
- HHs must file an application either in person, by mail, fax, through an electronic transmission, or through an online electronic application.

LOBBY OBSERVATION

7/6/2018

Ways to Apply!

 Online  www.c4yourself.com Drop Box 	 Mail 	 In Person  <div>Main Office 123 CalFresh Street Social Service, CA 98765</div> <div>Across Town Office 321 CalFresh Street Social Service, CA 98765</div> <div>Downtown Office 1234 CalFresh Street Social Service, CA 98765</div>	Phone  Customer Service Call Center 1-800-321-4567   only
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CALFRESH

Filing an Application

ONLINE	IN PERSON	PHONE	MAIL/FAX
<ul style="list-style-type: none"> Start the application process from anywhere using a secure internet location. Sign in using your existing account or sign up for a new account and submit an online application for CalFresh, CalWORKs, or Health Care benefits. 	<ul style="list-style-type: none"> You can pick up an application at any one of our offices. Completed applications can be turned in to a receptionist or placed in drop box during business hours. If the office is closed, drop the application in the exterior drop box at the building entrance. 	<ul style="list-style-type: none"> Call our Customer Service Center at 1-800-628-5288 to 	<ul style="list-style-type: none"> Fax your completed and signed CalFresh application to 707-
Http:// www.c4yourself.com	15975 Anderson Ranch Parkway Lower Lake, 95457		

Don't Wait to File

If you do not have all of the information to complete the application, just complete what you can! You may leave an incomplete application with just your name, address and signature. An Eligibility Worker can assist you in finishing the application.

You have a right to receive a paper copy of application information you submit electronically. Ask your worker if you would like a paper copy of your application.

For CalFresh, it can take up to 30 days to process your application if you meet certain criteria. Your application will be reviewed within 3 calendar days. If you think you may meet the criteria to be eligible, ask your Eligibility Worker. If an Eligibility Worker reviews your application and determines you are not eligible, you may ask for a meeting with an Eligibility supervisor to review this decision.

ONLINE	IN PERSON	PHONE	MAIL/FAX
<ul style="list-style-type: none"> Start the application process from anywhere using a secure internet location. Sign in using your existing account or sign up for a new account and submit an online application for CalFresh, CalWORKs, or Health Care benefits. 	<ul style="list-style-type: none"> You can pick up an application at any one of our offices. Completed applications can be turned in to a receptionist or placed in drop box during business hours. If the office is closed, drop the application in the exterior drop box at the building entrance. 	<ul style="list-style-type: none"> Call our Customer Service Center at 1-800-628-5288 to request an application by mail or find an office near you. 	<ul style="list-style-type: none"> Fax your completed and signed CalFresh application to 707-995-4204. Send completed and signed applications by mail to:
Http:// www.c4yourself.com	15975 Anderson Ranch Parkway Lower Lake, 95457	Call us at: 1-800-628-5288	P.O. Box 9000 Lower Lake, CA 95457

Ways to Apply for CalFresh

- **Online**
- **In Person**
- **Phone**
- **Mail/Fax**

LOBBY OBSERVATION


Minimum Information to Accept an Application

CDSS will observe what method the CWDs utilizes to advise HHs of the minimum information needed to submit a CalFresh application.

Particularly, HHs that enter the CWD office but can't stay to complete the process. This information is included in the Methods to Apply poster shared by the CDSS.

Regulation: MPP 63-300.32

- The HH shall be advised that it may file an incomplete application form as long as the form contains the applicant's name, address and is signature.
- The application may be signed by the Responsible HH member or the Authorized Representative.



Don't Wait to File an Application

If you do not have all of the information to complete the application, just complete what you can! You may leave an incomplete application with just your name, address and signature. An Eligibility Worker can assist you in finishing the application.

You have a right to receive a paper copy of application information you submit electronically. Ask your worker if you would like a paper copy of your application.

You have a right to file an application on the date you contact the County. The date your application is received can impact when you start receiving benefits for Health Care Programs and how much benefits you receive for CalFresh and CalWORKs.

Not sure which application to complete? Ask the receptionist.

Start the process from anywhere, anytime, secure internet location.

Sign in using existing account or create a new one and submit application for CalFresh, or Health Care Programs.

Http://
www.c4yourself.com

15975 Anderson Ranch
Parkway
Lower Lake, 95457

Call us at:
1-800-628-5288

P.O. Box 9000
Lower Lake, CA 95457

Don't Wait to File an Application

If you do not have all of the information to complete the application, just complete what you can! You may leave an incomplete application with just your name, address and signature. An Eligibility Worker can assist you in finishing the application.

You have a right to receive a paper copy of application information you submit electronically. Ask your worker if you would like a paper copy of your application.

You have a right to file an application on the date you contact the County. The date your application is received can impact when you start receiving benefits for Health Care Programs and how much benefits you receive for CalFresh and CalWORKs.

Not sure which application to complete? Ask the receptionist.

For CalFresh, it can take up to 30 days to process your application. You may be able to get benefits within 3 calendar days if you meet certain criteria. Your application will be reviewed to see if it meets the criteria to be processed within 3 calendar days. If you think you may meet the criteria to have your application processed within 3 days, please ask an Eligibility Worker. If an Eligibility Worker reviews your application and determines you are not entitled to expedited processing, you may ask for a meeting with an Eligibility Supervisor to review this decision.

Minimum Requirements to Submit an Application:

- **Name**
- **Address**
- **Signature**

LOBBY OBSERVATION

Confidentiality Maintained

CDSS will listen during any applicant and CWD contact to ensure the applicants confidential information is adequately safeguard. At times, CDSS will sit in the public chairs/waiting areas in lobbies to gauge the level of confidentiality.

Regulation: MPP 19-002.1

- Names, addresses and all other information concerning the circumstances of any individual for whom or about whom information is obtained is confidential and shall be safeguarded.
- This is true of all information whether written or oral.



LOBBY OBSERVATION

Confidentiality Maintained

COUNTY OF VENTURA		HUMAN SERVICES AGENCY	
Confidential Information Request			
In order to assist you and protect your personal information, please provide us with the following information in writing, so that others will not overhear it.			
We will destroy this form after assisting you. (If you prefer to have the form back, please let us know and we will gladly return it to you)			
* Note: If you do not have a social security number, please complete this form with your child's information.			
*Name		Date of Birth	
SSN (Social Security #)		Gender	M F (Circle one)
Case Name		Case Number	

56-00-619 (04/13)

CONFIDENTIAL

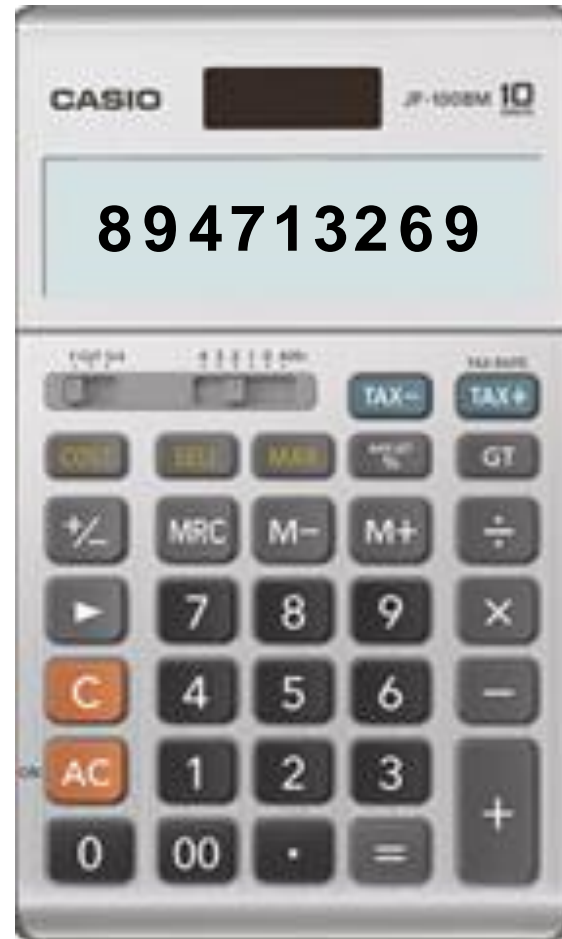
LOBBY OBSERVATION

Confidentiality Maintained

Smart Phone

Calculator

Whiteboard



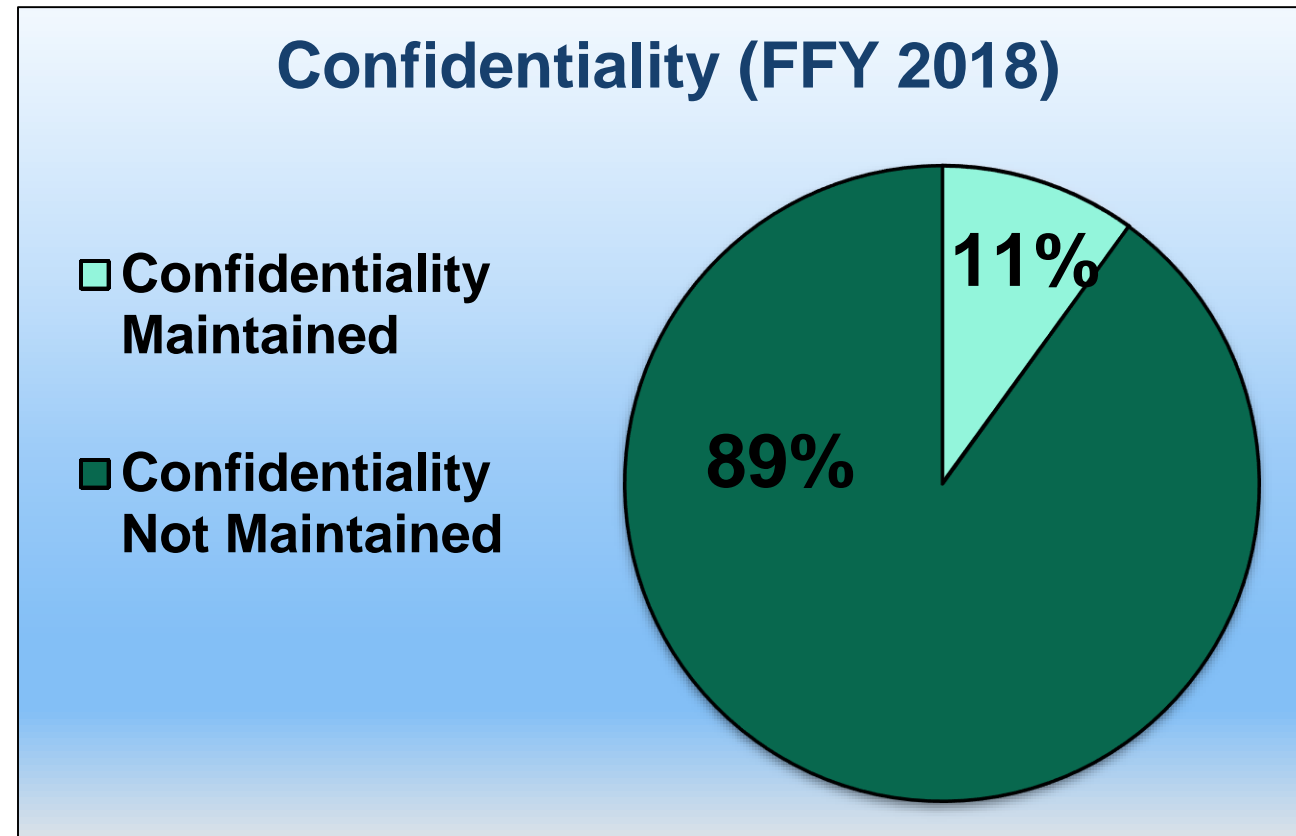
LOBBY OBSERVATION

Confidentiality Maintained

Federal Fiscal Year 2018

- 11% of the counties are maintaining confidentiality
- 89% of the other counties are **NOT** maintaining confidentiality

Note: Confidentiality is the number 1 finding for ME reviews FFY 2018.



LOBBY OBSERVATION

7/6/2018

List of Emergency Food Providers

CDSS will request a list of emergency food providers from lobby greeter, reception, and/or window personnel.

Regulation: MPP 63-201.42

- CWDs shall make available, upon request, a list of emergency food providers in the area served by each local office

Note: Counties that are contracted with 211, meet this criteria.



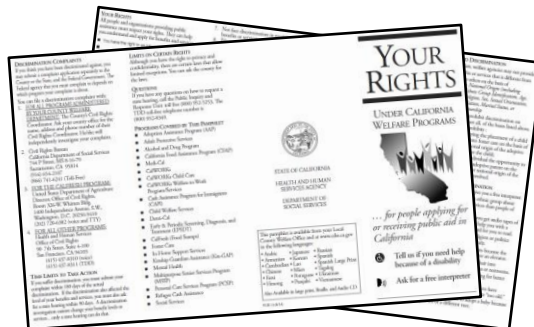
LOBBY OBSERVATION

Information of Local Legal Services

CDSS will request a list of legal services from lobby greeter, reception, and/or window personnel.

Regulation: MPP 63-201.43

- CWDs shall make available, upon request, non-promotional information containing the addresses and phone numbers of local legal services.



LOBBY OBSERVATION

Bilingual Staffing, Certification and Program Information

CDSS will ensure counties utilize interpreters or the language line when the situation arises.

Regulation: MPP 63-202.21

- Bilingual staffing, certification, and program informational material shall be provided.

LOBBY OBSERVATION

Hello, my name is _____.

I speak limited English. I need competent language assistance in Spanish to have full and effective access to your programs.

Under Title VI of the 1964 Civil Rights Act, public agencies are obligated to provide competent language assistance to limited-English-proficient individuals. Social and health service agencies may call HHS Office for Civil Rights at 1-800-368-1019 for more information. Food Stamp and WIC agencies may call USDA Office of Civil Rights at 1-888-271-5983. All other agencies may call U.S. Department of Justice, Civil Rights Division, at 1-888-848-5306.

English

Hola, mi nombre es _____.

Hablo muy poco inglés. Necesito ayuda en español para poder tener acceso completo y efectivo a sus programas.

Bajo el Título VI del Decreto de Derechos Civiles de 1964, las oficinas públicas están obligadas a proporcionar ayuda competente, en su propio idioma, a las personas con limitaciones en el inglés. Para más información, las oficinas de servicios sociales y de salud pueden llamar a la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos (HHS) al 1-800-368-1019. Las oficinas de estampillas para comida y del Programa de Nutrición Suplemental Especial para Mujeres, Bebés y Niños (WIC) pueden llamar a la Oficina de Derechos Civiles del Departamento de Agricultura de los Estados Unidos (USDA) al 1-888-271-5983. Todas las otras oficinas pueden llamar a la División de Derechos Civiles del Departamento de Justicia de los Estados Unidos al 1-888-848-5306.

Spanish

嗨，我的名字是 _____。

我只會說有限的英語。我需要合格的中文翻譯協助我，以使我能完全和有效的使用你的計畫。

根據1964年民權法案第六號提案，公眾服務機構有義務提供夠格的語言協助給說有限英語的民眾。社會健康服務代理機構可以致電1-800-368-1019 健康人文服務處（HHS）民權辦事所以得到更多的資訊。糧食券和婦女，嬰孩，兒童（WIC）代理機構可以致電 1-888-271-5983 給美國農業部（USDA）民權辦事所。所有其他機構可以致電 1-888-848-5306 給美國司法部民權處。

Chinese

Здравствуйтесь, моё имя _____.

Я плохо говорю по английски. Для полного и эффективного доступа к вашим программам мне нужна помощь русскоговорящего работника.

Согласно Разделу VI Акта Прав Человека от 1964 года, общественные агентства обязаны предоставить помощь для лиц с ограниченным знанием английского языка. За дополнительной информацией агентства социальных услуг и здравоохранения могут звонить в Отдел по Правам Человека Департамента Здравоохранения и Гуманитарных Услуг: 1-800-368-1019. Агентства программы талонов на питание и программы для женщин, младенцев и детей (WIC) могут звонить в Отдел по Правам Человека Министерства Сельского Хозяйства США (USDA): 1-888-271-5983. Все другие агентства могут звонить в Отдел по Правам Человека Министерства Юстиции: 1-888-848-5306.

Russian

Xin chào Ông/Bà, Anh/Chị, tôi tên là _____.

Khả năng nói tiếng Anh của tôi có giới hạn. Tôi cần người thông thạo về sinh ngữ giúp tôi bằng tiếng Việt để tôi có thể sử dụng trọn vẹn và hữu hiệu các chương trình của quý vị.

Theo Chương VI của Đạo Luật về Dân Quyền năm 1964, các công sở bắt buộc phải cung cấp sự giúp đỡ thông thạo về ngôn ngữ cho những cá nhân kém thành thạo về Anh ngữ. Các cơ quan về dịch vụ xã hội và y tế có thể gọi điện thoại cho Bộ Y Tế và Nhân Sự Vụ (HHS) phòng Dân Quyền ở số 1-800-368-1019 để biết thêm tin tức. Các cơ quan về Trợ Cấp Phiếu Thực Phẩm và Chương trình thực phẩm và dinh dưỡng bổ xung đặc biệt dành cho phụ nữ, trẻ sơ sinh và trẻ em (WIC) có thể gọi cho Bộ Nông Nghiệp Hoa Kỳ (USDA), phòng Dân Quyền ở số 1-888-271-5983. Tất cả các cơ quan khác có thể gọi cho Bộ Tư Pháp Hoa Kỳ, phòng Dân Quyền, ở số 1-888-848-5306.

Vietnamese

مرحباً ، اسمي _____
إن معرفتي باللغة الإنجليزية محدودة. وأريد مساعدة من شخص كفؤ في اللغة العربية لكي يتوفر لي استخدام كامل وفعال لبرامجكم.
بموجب عنوان رقم 6 لقانون الحقوق المدنية لعام 1964 فإن الهيئات الحكومية ملزمة بتوفير مساعدة في اللغة من شخص كفؤ للأشخاص الذين لهم معرفة محدودة باللغة الإنجليزية. لمزيد من المعلومات يمكن لهيئات الخدمات الاجتماعية والصحية الاتصال تليفونيا بمكتب الحقوق المدنية بوزارة الخدمات الصحية والانسانية بالولايات المتحدة (HHS) على الرقم 1 - 800 - 368 - 1019 . ويمكن لهيئات طوابع الطعام وهيئات السيدات والرضع والأطفال (WIC) الاتصال تليفونيا بمكتب الحقوق المدنية بوزارة الزراعة بالولايات المتحدة (USDA) على الرقم 1 - 888 - 271 - 5983 . يمكن لجميع الهيئات الأخرى الاتصال بقسم الحقوق المدنية بوزارة العدل للولايات المتحدة على الرقم 1 - 888 - 848 - 5306

Arabic

LOBBY OBSERVATION

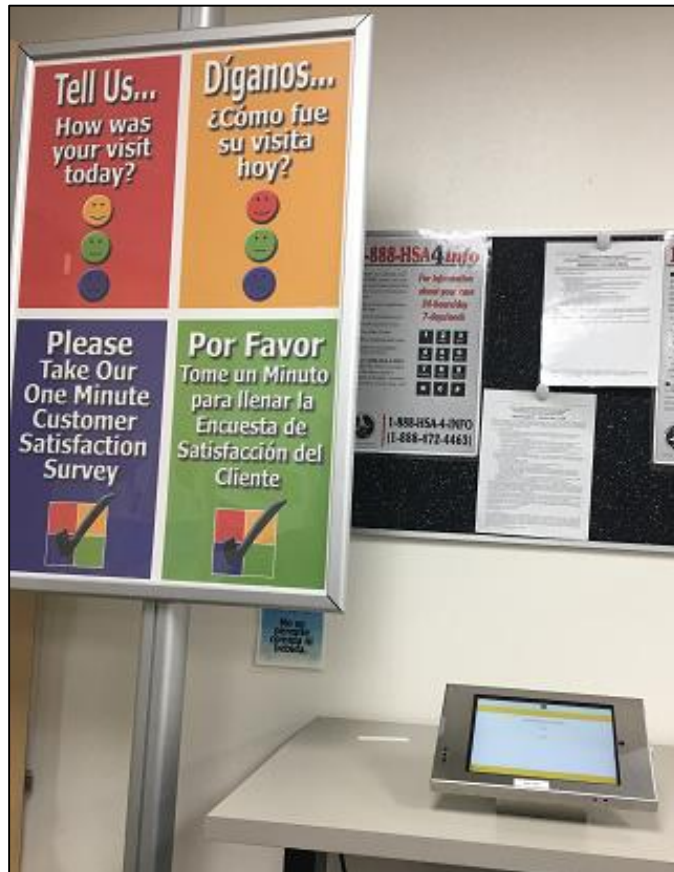
Public/HH/Customer Feedback


Public/Household/Customer Interviews	
Why did you come into the office today?	
Were you provided/informed of all Methods to Apply?	
Were you informed of Expedited Services?	
Were you provided with the option of a Telephone Interview?	
How long was your wait time?	

LOBBY OBSERVATION

7/6/2018

Public/HH/Customer Feedback




LIVE WELL
SAN DIEGO

Dear Customer,

The County of San Diego is committed to provide every one of our customers with a positive experience and we would like to hear your thoughts. Your input will help us provide exceptional service and your responses will be kept strictly confidential, if requested. Thank you for your participation.

Please fold and seal the survey at the perforated line, and place in a drop box at a Family Resource Center or a US Mailbox.

Thank you.

Did you know?

You can do these things without coming into a Family Resource Center:

- Apply for Benefits
- Check on your Benefit Amount
- Report Changes
- Submit Verifications and Reports
- Order an Electronic Benefit Card (EBT)
- Submit Renewal Documents

Please use the resources below to access our services:

My Benefits CalWIN www.mybenefitscalwin.org	Access Call Center 1-866-262-9881
CalWIN Mobile App www.sandiegocounty.ca.gov	US Mail County of San Diego P.O. Box 85091 San Diego, CA 92186-9920

To help us serve you better,
Please complete the Customer Satisfaction Survey below

- Purpose of your visit/contact:
☐ Application ☐ Renewal ☐ Provide Documents
☐ Information ☐ Appeals ☐ Other
- Date of Visit: _____ Location: _____
- Which of the following best describes you?
☐ Recent Applicant ☐ Family Member or Authorized Representative
☐ Current Customer/Recipient ☐ Provider, advocate
- Did you receive courteous service? ☐ Yes ☐ No
- Were you satisfied with the information you received? ☐ Yes ☐ No
- Who was the staff person who served you? _____
- What did we do well?

- What could we have done better?

- Overall are you satisfied with the service you received?
☐ 1-Strongly Disagree ☐ 2-Disagree ☐ 3-Agree ☐ 4-Strongly Agree
- If you would like a response to any of your comments, please PRINT your full name, address and phone number below (optional):

First Name	Last Name	
Address	City	Zip Code
Daytime Telephone Number	Email Address:	

POSITIVE = POSITIVE
APPROACH EXPERIENCE

APPLICATION PROCESSING

Program Access



APPLICATION PROCESSING

County Prescreening Form

CDSS will observe whether counties are prescreening applicants before completing an application for benefits.

Regulation: MPP 63-300.21

- Applicants shall **not** be required to complete any CWD developed prescreening form.

APPLICATION PROCESSING

Offering Telephone Interviews

CDSS will observe if all applicants are offered a telephone interview appointment.

Regulation: ACL 12-26

- CWDs will routinely conduct telephone interviews in lieu of face-to-face interviews at application and recertification for all CalFresh HHs.



APPLICATION PROCESSING

Incomplete Applications Accepted

CDSS will observe whether counties are accepting incomplete applications. An applicant's name, address, and signature is the minimum information needed to submit an application for benefits.

Regulation: MPP 63-300.32

- The HH shall also be advised that it may file an incomplete application form as long as the form contains the applicant's name, address and is signed by a responsible member of the HH or an AR.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Please use black or blue ink because it is easy to read and copies best. Please print your answers. If you need more space to answer a question(s), use page 10 "Additional Writing Space" section and attach additional sheets of paper if needed to provide the information. Please be sure to identify which question you are writing about in the extra space or on the additional sheets of paper.

1. APPLICANT'S INFORMATION

NAME (FIRST, MIDDLE, LAST) **John Doe Smith** OTHER NAMES (NICKNAMES, ETC.) SOCIAL SECURITY NUMBER (IF ANY) **CA 98765**

HOME ADDRESS OR DIRECTIONS TO YOUR HOME **123 Street Ave.** CITY **Angels** STATE **CA** ZIP CODE **98765**

MAILING ADDRESS (IF DIFFERENT FROM HOME)

CONTACT AUTHORIZATION

Please give the county the best contact information to reach you. This will help in processing your application. By providing your contact information below, you are authorizing the county to contact you by phone, email or text, or to leave a phone message regarding your application.

HOME PHONE CELL PHONE CHECK BOX FOR TEXT ☐

WORK/OTHER/MESSAGE PHONE EMAIL ADDRESS

Are you homeless? ☐ Yes ☐ No If yes, please let the County know right away if you are homeless, so they can help you figure out an address to use to accept your application and get notices from the county about your case.

What language do you prefer to read (if not English)?

What language do you prefer to speak (if not English)?

The County will provide an interpreter at no cost to you. If you are deaf or hard of hearing please check here ☐

Do you have a disability and need help with applying? (PLEASE CHECK ONE) ☐ Yes ☐ No

Are you interested in applying for Medi-Cal? If you answer yes the County will use your answers to find out if you can get Medi-Cal. ☐ Yes ☐ No

Is your household's monthly gross income less than \$150 and cash on hand, or in checking and savings accounts is \$100 or less? ☐ Yes ☐ No

Is your household's combined monthly gross income and cash on hand or in checking and savings accounts is less than the combined cost of rent/mortgage and utilities? ☐ Yes ☐ No

Is your household a migrant/seasonal farm worker household with liquid resources not exceeding \$150 and either your income stopped or you will not get more than \$25 in the next 10 days? ☐ Yes ☐ No

I understand that by signing this application under penalty of perjury (making false statements), that:

- I read, or had read to me, the information in this application and my answers to the questions in this application.
- My answers to the questions are true and complete to the best of my knowledge.
- Any answers I may give for my application process will be true and complete to the best of my knowledge.
- I read or had read to me and I understand and agree to the Rights and Responsibilities (Program Rules Page 1) and am.
- I read, or had read to me, the CalFresh Program Rules and Penalties (Program Rules Page 2).
- I understand that giving false or misleading statements or misrepresenting, hiding or withholding facts to establish eligibility for CalFresh is fraud. Fraud can cause a criminal case to be filed against me and/or I may be barred for a period of time (or life) from getting CalFresh benefits.
- I understand that Social Security Numbers or Immigration status for household members applying for benefits may be shared with the appropriate government agencies as required by federal law.

SIGNATURE OF APPLICANT OR ADULT HOUSEHOLD MEMBER AUTHORIZED REPRESENTATIVE (PLEASE PRINT) **John Doe Smith** DATE

*If you have an Authorized Representative please complete question 2 on the next page.

CF 286 (1/17/14) REQUIRED FORM - SUBSTITUTES NOT PERMITTED PAGE 1 OF 15

APPLICATION PROCESSING

Duplicative Documents

CDSS will ensure households are not required to provide duplicative information to the CWD.

Regulation: 7 CFR 273.2(a)(1)

- The State agency cannot, as a condition of eligibility, impose additional application or application processing requirements.

APPLICATION PROCESSING

All Applications Screened for ES

CDSS will ensure all households applying are screened for ES.

Regulation: ACL 12-74

- Effective January 1, 2013, the Welfare and Institutions Code Section 18914 requires the screening of ALL CalFresh applications to determine if applicants meet the criteria for ES.

Note: ME reviews for 3-days and QC reviews for 7 days.

APPLICATION PROCESSING

Scenario 1- No Phone Number

An application was submitted on April 9th, with only name, address, signature. CWD does not have a phone number to contact the HH. However, on the application it was determined that the HH may be ES eligible.

When should the interview appointment be scheduled?

Is your household's monthly gross income less than \$150 and cash on hand, or in checking and savings accounts is \$100 or less?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is your household's combined monthly gross income and cash on hand or in checking and savings accounts is less than the combined cost of rent/mortgage and utilities?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is your household a migrant/seasonal farm worker household with liquid resources not exceeding \$100 and either your income stopped or you will not get more than \$25 in the next 10 days?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

APPLICATION PROCESSING

Scenario 1- No Phone Number

Application date is April 9th (day zero).

CWD will schedule and mail an appointment letter, to the HH for a 3-day appointment.

- Scheduled Interview Date, no later than: **4/12**

APRIL 2018						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

APPLICATION PROCESSING

Scenario 2- Phone Number w/ no answer

An application was submitted on May 15th, with only name, address, signature, and telephone number. On the application it was determined that the HH may be ES eligible CWD was only able to reach the voicemail of the applicant.

When should the appointment be scheduled? What process should be taken to properly meet ES?

APPLICATION PROCESSING

Scenario 2- Phone Number w/ no answer

Application date is **May 15th** (day zero).

CWD will schedule an appointment within 3-days, to meet ES timeframe.

- Scheduled Interview Date, no later than: **5/18**

Note: At intake an appointment letter is not required, if a voice message is left with a scheduled appointment, date, time, and thorough case narration.

Reference [ACL 16-14](#) for approved voice message scripts.

MAY 2018						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

APPLICATION PROCESSING

Acceptable Script when there is no answer

“Hello, my name is Anna Smith. This call is for Pat Jones. I am calling in regards to your recent application submitted on March 24. You have been scheduled for an interview on March 25 at 9:00 am at the following address/location. Please make sure that you bring proof of identity.”

“If you cannot make the scheduled appointment time, please call back at your earliest convenience at (999) 999-9999 to reschedule your interview appointment. Thank you.”

APPLICATION PROCESSING

Acceptable Script when someone else answers the phone

“Hello, my name is Anna Smith. This call is for Pat Jones. I am calling in regards to his/her recent application that was submitted on March 24. He/She has been scheduled for an interview on March 25 at 9:00 am at the following address/location. Please make sure he/she brings proof of identity.”

“If he/she cannot make the scheduled appointment time, please have them call back at their earliest convenience at (999) 999-9999 to reschedule their interview appointment. Thank you.”

Note: *If CWDs prefer not to use these scripts, CWDs must have their scripts approved by CDSS prior to using them to ensure applicant confidentiality is preserved.*

APPLICATION PROCESSING

7/6/2018

Application Processing Calculator

APPLICATION PROCESSING CALCULATOR

Tuesday , June 19, 2018

Get 30 Day Due Date Get 45 Day Due Date Get Expedited Due Get 90 Day Due Date

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

--	--	--	--	--	--	--

APPLICATION PROCESSING CALCULATOR

Tuesday , June 19, 2018

Get 30 Day Due Date Get 45 Day Due Date Get Expedited Due Get 90 Day Due Date

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

		App Date	06/20	06/21	06/22	
--	--	----------	-------	-------	-------	--

APPLICATION PROCESSING

7/6/2018

Household provided the CF 285 (NA)

CDSS will observe to ensure that the CF 285 Application For CalFresh Benefits are readily available in all local offices.

Regulation: ACL 15-84

- CWDs are encouraged to use the CF 285 form for all CalFresh only households. CWDs are encouraged to have the CF 285 available in all local offices.

Note: The SAWS 1 and SAWS 2 Plus are acceptable.

APPLICATION PROCESSING

7/6/2018

Household provided the CF 37 (NA) RRR

CDSS will ensure counties are requiring recipients to complete a CF 37 for recertification of benefits.

Regulation: ACL 15-84

- CWDs are to use the Recertification for CalFresh Benefits (CF 37) form for recertification of Non-Assistance CalFresh (NACF) households in which no member received a CalWORKs grant.

The image shows two overlapping forms from the California Department of Social Services. The top form is titled "RECEIPT FOR CALFRESH BENEFITS" and is for "CAL FRESH ONLY HOUSEHOLDS". It includes sections for "How do I keep getting CalFresh?", "How do I complete the recertification application?", "What do I do next?", "What happens at the recertification interview?", and "What happens if I forget to turn in this recertification application?". The bottom form is titled "CAL FRESH ONLY HOUSEHOLDS" and includes sections for "How do I keep getting CalFresh?", "How do I complete the recertification application?", "What do I do next?", "What happens at the recertification interview?", and "What happens if I forget to turn in this recertification application?".

APPLICATION PROCESSING

Date of Application Maintained

CDSS will ensure counties are preserving the date of aid for anyone applying for benefits.

Regulation: MPP 63-300.33

- The CWD shall document the date the application was filed by recording on the application the date it was received by the CWD office.



APPLICATION PROCESSING

7/6/2018

Single Signature

CDSS will ensure that CalFresh only households are only required to sign one application for benefits.

Regulation: ACL 15-84

- CWDs will accept the SAWS1 as a single signature application to begin the application process and set the beginning date of aid at intake.

Attachment # 9

DO NOT DUPLICATE

In order to streamline the application process for CalFresh, ensure that clients are NOT unnecessarily duplicating applications.

IF...	THEN...	BECAUSE...
The applicant completes the: ✓ SAWS 2 Plus (OR) ✓ CF 285	The EW should only ask for clarifying information from the applicant	The applicant does <i>not</i> need to sign the Statement of Facts (SOF). The CF 285 requires only one signature for the entire application.
The applicant completes the: SAWS 1	The EW should accept the SAWS 1 as a single signature application. This will begin the application process and set the beginning date of aid (BDOA) at intake.	Information required on the SOF should be completed during the interactive interview process. (Do not send the CF 285 or SAWS 2 Plus requiring another signature!) Upon completion of the interactive interview, the EW should provide a copy of the application to the applicant and give them the opportunity to review the information and maintain for their records.

DEBS Flash – Corrective Action 04/2016
For more information, please refer to CFHB Ch. 3.1, CF Update 2015-9, CF Update 2013-17, CF Update 2013-9, CPHB Ch. 24, CP Update 2013-26

APPLICATION PROCESSING

Appointment Provided

CDSS will ensure that counties are scheduling intake interview appointments timely.

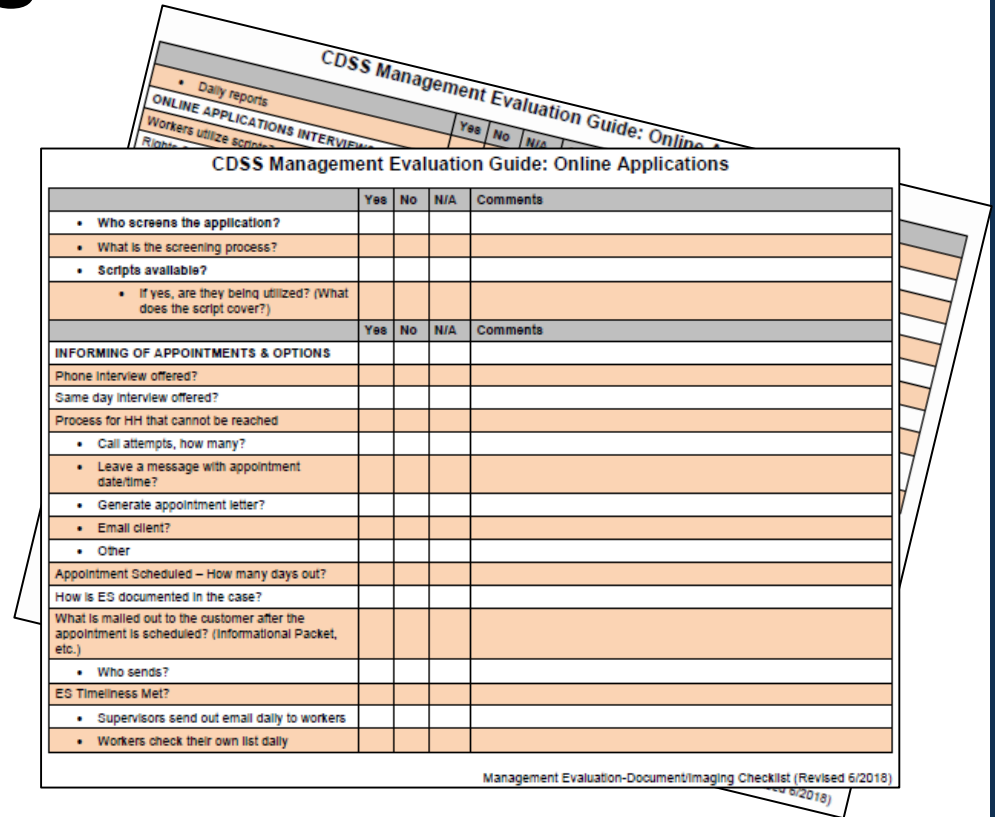
Regulation: MPP 63-300.46

- The CWD shall schedule all interviews as promptly as possible to ensure eligible HHs receive an opportunity to participate within 30 days after the application was filed.

APPLICATION PROCESSING

Online Application Process

CDSS will assess county websites to ensure the online process promotes program access and enables timely processing of benefits for eligible applications.



The image shows a checklist titled "CDSS Management Evaluation Guide: Online Applications". It is a table with columns for "Yes", "No", "N/A", and "Comments". The checklist is divided into sections: "ONLINE APPLICATIONS INTERVIEW", "INFORMING OF APPOINTMENTS & OPTIONS", and "ES Timeliness Met?".

	Yes	No	N/A	Comments
• Daily reports				
ONLINE APPLICATIONS INTERVIEW				
Workers utilize script				
• Who screens the application?				
• What is the screening process?				
• Scripts available?				
• If yes, are they being utilized? (What does the script cover?)				
INFORMING OF APPOINTMENTS & OPTIONS				
Phone interview offered?				
Same day interview offered?				
Process for HH that cannot be reached				
• Call attempts, how many?				
• Leave a message with appointment date/time?				
• Generate appointment letter?				
• Email client?				
• Other				
Appointment Scheduled – How many days out?				
How is EG documented in the case?				
What is mailed out to the customer after the appointment is scheduled? (Informational Packet, etc.)				
• Who sends?				
ES Timeliness Met?				
• Supervisors send out email daily to workers				
• Workers check their own list daily				

Management Evaluation-Document/Imaging Checklist (Revised 6/2018)

APPLICATION PROCESSING

CDSS Management Evaluation Guide: Online Applications

County: _____ Date: _____
Office/Site: _____ Reviewed by: _____

	Yes	No	N/A	Comments
ONLINE APPLICATION WEBSITE				
Online portal options:				
• Apply Online				
• Submit SAR 7				
• Submit Renewal				
• Submit Verifications				
	Yes	No	N/A	Comments
APPLICATION REGISTRATION CENTRALIZED				
• If yes, location?				

Online Application Website

CDSS will assess the county's online website portal options.

	Yes	No	N/A	Comments
ONLINE APPLICATION WEBSITE				
Online portal options:				
• Apply Online				
• Submit SAR 7				
• Submit Renewal				
• Submit Verifications				

Management Evaluation-Documents/Imaging Checklist (Revised 6/2018)

APPLICATION PROCESSING

CDSS will ensure the date of aid is preserved and application is processed timely.

	Yes	No	N/A	Comments
APPLICATION REGISTRATION CENTRALIZED				
• If yes, location?				
• If no, each office has their own application registration unit (What is the process?)				
Who is assigned to application registration?				
Cut-off time for applications				
• Start time				
• End time				
Checked throughout the day?				
Applications date of aid being preserved?				
Applications uploaded into the case file?				
How are cases assigned to workers?				

APPLICATION PROCESSING

CDSS Management Evaluation Guide: Online Applications

County: _____ Date: _____
Office/Site: _____ Reviewed by: _____

	Yes	No	N/A	Comments
ONLINE APPLICATION WEBSITE				
Online portal options:				
• Apply Online				
• Submit SAR 7				
• Submit Renewal				
• Submit Verifications				
	Yes	No	N/A	Comments
APPLICATION REGISTRATION CENTRALIZED				

• If yes, location?
• If no, each office registration unit
Who is assigned to app
Cut-off time for applicat
• Start time
• End time
Checked throughout the
Applications date of aid
Applications uploaded i
How are cases assigne
EXPEDITED SERVICE
• How is ES Prior
• ES screened sa

	Yes	No	N/A	Comments
INFORMING OF APPOINTMENTS & OPTIONS				
Phone interview offered?				
Same day interview offered?				
Process for HH that cannot be reached				
• Call attempts, how many?				
• Leave a message with appointment date/time?				
• Generate appointment letter?				
• Email client?				
• Other				
Appointment Scheduled – How many days out?				
How is ES documented in the case?				

Online Application

CDSS will evaluate the county's business process on how the interview is initiated.

INTAKE & RECERTIFICATION INTERVIEWS

Program Access



INTAKE & RECERTIFICATION INTERVIEWS

Confidentiality

CDSS will listen for interview information that can be overheard from other areas near the interview booths. If interviews are being conducted in the same area, counties should maintain low voices.

Regulation: MPP 63-300.4

- The interview is an official and confidential discussion of HHs circumstances with the applicant. Facilities shall be adequate to preserve the privacy and confidentiality of the interview.



Reminder: Confidentiality is the number 1 finding for ME reviews FFY 2018.

INTAKE & RECERTIFICATION INTERVIEWS

Confidentiality



WAIT!

Lock your computer before you walk away!



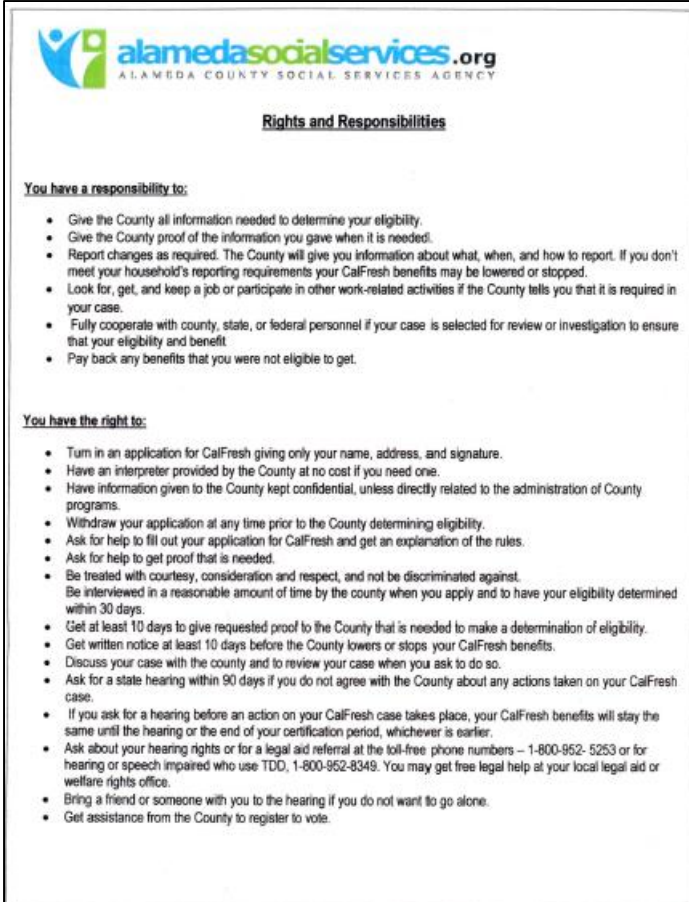
INTAKE & RECERTIFICATION INTERVIEWS

HH is informed of their Rights & Responsibilities

CDSS will listen to interviews to ensure households are informed of their Rights and Responsibilities.

Regulation: MPP 63-300.4

- HHs shall be advised of their rights and responsibilities during the interview.



alamedasocialservices.org
ALAMEDA COUNTY SOCIAL SERVICES AGENCY

Rights and Responsibilities

You have a responsibility to:

- Give the County all information needed to determine your eligibility.
- Give the County proof of the information you gave when it is needed.
- Report changes as required. The County will give you information about what, when, and how to report. If you don't meet your household's reporting requirements your CalFresh benefits may be lowered or stopped.
- Look for, get, and keep a job or participate in other work-related activities if the County tells you that it is required in your case.
- Fully cooperate with county, state, or federal personnel if your case is selected for review or investigation to ensure that your eligibility and benefit.
- Pay back any benefits that you were not eligible to get.

You have the right to:

- Turn in an application for CalFresh giving only your name, address, and signature.
- Have an interpreter provided by the County at no cost if you need one.
- Have information given to the County kept confidential, unless directly related to the administration of County programs.
- Withdraw your application at any time prior to the County determining eligibility.
- Ask for help to fill out your application for CalFresh and get an explanation of the rules.
- Ask for help to get proof that is needed.
- Be treated with courtesy, consideration and respect, and not be discriminated against.
- Be interviewed in a reasonable amount of time by the county when you apply and to have your eligibility determined within 30 days.
- Get at least 10 days to give requested proof to the County that is needed to make a determination of eligibility.
- Get written notice at least 10 days before the County lowers or stops your CalFresh benefits.
- Discuss your case with the county and to review your case when you ask to do so.
- Ask for a state hearing within 90 days if you do not agree with the County about any actions taken on your CalFresh case.
- If you ask for a hearing before an action on your CalFresh case takes place, your CalFresh benefits will stay the same until the hearing or the end of your certification period, whichever is earlier.
- Ask about your hearing rights or for a legal aid referral at the toll-free phone numbers – 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349. You may get free legal help at your local legal aid or welfare rights office.
- Bring a friend or someone with you to the hearing if you do not want to go alone.
- Get assistance from the County to register to vote.

POP QUIZ!!!

What are the SAR 7 components that are required to be covered during the intake/recertification interview?

INTAKE & RECERTIFICATION INTERVIEWS

HH is informed of their SAR 7 Responsibilities

CDSS will observe for:

1. SAR 7 Verbal Explanation
2. Written Explanation
3. Sample/Copy of SAR 7
4. A telephone number to call for assistance is provided to the HH.

Regulation:

- MPP 63-300.411- Verbal explanation of reporting
- MPP 63-300.411- Written explanation of reporting
- MPP 63-300.412- A copy of the SAR 7 report and explanation of how the report shall be completed and submitted
- MPP 63-300.414- A telephone number (toll-free or a number where collect calls will be accepted from HHs) which the HH may call to ask questions or to obtain help in completing the monthly report

INTAKE & RECERTIFICATION INTERVIEWS

Voter Preference and Registration

CDSS will ensure all households are informed about their opportunity to register to vote.

Regulation: ACIN I-04-13

- Under federal law, CWDs must provide the following services to applicants and continuing clients at initial application, renewal or recertification, and change of address.

Note: Voter Registration is ranked number 3 of the Top 7 ME case review findings.

INTAKE & RECERTIFICATION INTERVIEWS

Voter Preference and Registration

CDSS will observe to see if the **Voter Preference Form** was provided.

Regulation: ACIN I-04-13

- The National Voter Registration Act (NVRA) states all applicants and continuing HHs must be given a Voter Preference Form, regardless of whether they indicate they want to register or not, at the time of application for services, renewal or recertifications, and when the CWD is notified of a HHs change of address.

Note: CWDs are required to offer/pre-register 16 and 17 years old the voter registration card and preference form. Refer [ACL 18-39](#).

If you are not registered to vote where you live now, would you like to apply to register to vote here today?
(Check One)

☐ Already registered. I am registered to vote at my current residence address.

☐ Yes. I would like to register to vote. (Please fill out the attached voter registration form.)

☐ No. I do not want to register to vote.

NOTE: IF YOU DO NOT CHECK A BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME. YOU MAY TAKE THE ATTACHED VOTER REGISTRATION FORM TO REGISTER AT YOUR CONVENIENCE.

Applicant Name _____ Date _____

Important Notices

1. Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.
2. If you would like help in filling out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration form in private.
3. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party preference or other political preference, you may file a complaint with the Secretary of State by calling toll-free (800) 345-VOTE (8683) or you may write to: Secretary of State, 1500 - 11th Street, Sacramento, CA, 95814. For more information on elections and voting, please visit the Secretary of State's website at www.sos.ca.gov.

01/13 NVRA Voter Preference Form

INTAKE & RECERTIFICATION INTERVIEWS

Voter Preference and Registration

CDSS will observe to see if the Voter Registration Card was provided.

Regulation: ACIN I-04-13

- The National Voter Registration Act (NVRA) states all applicants and continuing HHs must be given a Voter Registration Card (VRC), regardless of whether they indicate they want to register or not, at the time of application for services, renewal or recertifications, and when the CWD is notified of a HHs change of address.

STATE OF CALIFORNIA
VOTER REGISTRATION FORM **IMPORTANT! SEE INSTRUCTIONS ON REVERSE**

ARE YOU A U.S. CITIZEN? ☐ Yes ☐ No *If no, don't fill out this form.* **USE BLACK OR BLUE INK—PLEASE PRINT CLEARLY**

1. LAST NAME (Only) _____
FIRST NAME (Only) _____ MIDDLE NAME (Only) _____

2. ADDRESS where you live (Number, Street, Ave., Road, Drive, including N, S, E, W, NO PO BOX) _____
CITY _____ STATE _____ ZIP CODE _____ COUNTY _____

3. IF NO STREET ADDRESS, describe where you live (Cross Streets, Route, Section, Range, N, S, E, W) _____

4. MAILING ADDRESS: (if different from the address where you live, or PO BOX)
CITY _____ STATE _____ ZIP CODE _____ FOREIGN COUNTRY _____

5. DATE OF BIRTH: Month _____ Day _____ Year _____ 6. PLACE OF BIRTH - (U.S. State or Foreign Country Only) _____ 7. CA DRIVER'S LICENSE OR CA ID CARD # _____

8. TELEPHONE _____ E-MAIL ADDRESS _____

9. POLITICAL PARTY - Fill in One Oval
☐ American Independent Party ☐ Conservative Party ☐ Green Party ☐ Libertarian Party
☐ Reform Law Party ☐ Reform Party ☐ Republican Party ☐ I choose to state a political party
Other _____ (Specify) _____

10. HAVE YOU EVER BEEN REGISTERED TO VOTE? ☐ Yes ☐ No *If you check "yes", you must complete item 10 below in order for your registration to be effective.*
LAST NAME _____ FIRST NAME _____
STREET ADDRESS _____ CITY _____
STATE _____ ZIP CODE _____ COUNTY _____ POLITICAL PARTY _____

11. (FOR OFFICE USE)

12. SIGNATURE: You must sign and date in box below.
X _____
70 DW262117 Today's Date MM/DD/YYYY

13. OPTIONAL SURVEY: Can you help in the following areas?
☐ Provide a Felling "Next Site"
☐ Holding Place Window
☐ Bilingual Felling Place Window
Language: _____

14. 200001

Remember to sign and date in item 12.

INTAKE & RECERTIFICATION INTERVIEWS

Voter Preference and Registration

CDSS will review if the county is Retaining the Voter Preference Form.

Regulation: ACIN I-04-13

- CWDs must retain the completed Voter Preference Forms for two years.



INTAKE & RECERTIFICATION INTERVIEWS

HH made to feel at ease

CDSS will observe the interview to ensure the client was treated with courtesy and respect.

Regulation: MPP 63-300.4

- The applicants shall be made to feel at ease during the interview and in all instances the HHs right to privacy shall be respected.

INTAKE & RECERTIFICATION INTERVIEWS

HH may bring anyone to the Interview

CDSS will observe the interview to ensure the client was allowed to bring who he/she chooses to the interview.

Regulation: MPP 63-300.4

- The individual interviewed may bring any person he/she chooses to the interview.

INTAKE & RECERTIFICATION INTERVIEWS

Interview conducted in HH's primary language

CDSS will observe if an interview is conducted in the household's primary language of choice. If a bilingual worker is not available, CDSS will review other options.

Regulation: MPP 21-115.15

- County welfare departments shall ensure that effective bilingual/interpretive services are provided to serve the needs of the non-English speaking population and individuals with disabilities. The provision of bilingual/interpretive services shall be prompt without undue delays.
- When the percentage of non-English cases in a program and/or location is less than five percent, the agency shall ensure that effective bilingual services are provided.

Note: *This requirement may be met through utilization of paid interpreters, qualified bilingual employees, qualified employees of other agencies, community resources, or the use of language line.*

INTAKE & RECERTIFICATION INTERVIEWS

ES Properly Processed

CDSS will observe if all applications are screened for ES eligibility at the time a household applies for benefits.

Regulation: MPP 63-301.52

- The CWDs application procedures shall be designed to identify HHs eligible for ES at the time the HH files an application.

INTAKE & RECERTIFICATION INTERVIEWS

Benefits issued in 3-days (ES)

CDSS will observe whether ES is available within three days for eligible households.

Regulation: MPP 63-301.531

- For HHs entitled to ES at initial application, the CWD shall make the authorization available to the recipient no later than the third calendar day following the date the application was filed.

POP QUIZ!!!

A CF Application is filed today, HH appears to be ES eligible.

When should the appointment be schedule?

AUGUST 2018						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

INTAKE & RECERTIFICATION INTERVIEWS

Case file Contains Narration for ES

CDSS will observe whether cases contain documentation of the ES determination.

Regulation: ACIN I-14-11

- The case file must contain documentation to support entitlement or non-entitlement for ES.

INTAKE & RECERTIFICATION INTERVIEWS

Case file Contains Sufficient Narration and or Documentation

CDSS will observe whether cases are sufficiently documented after an interview.

Regulation: MPP 63-300.5(j)

- Case files must be documented to support eligibility, ineligibility, and benefit level determinations. Documentation shall be in sufficient detail to permit a reviewer to determine the reasonableness and accuracy of the determination.

INTAKE & RECERTIFICATION INTERVIEWS

CW 2200 Requesting Verification

CDSS will observe whether a CW 2200 Request for Verification was properly completed and given to the household within 10 days.

Regulation: ACL 14-26

- To ensure that the request for information is both consistent and adequate in all counties, the CW 2200 has been revised and released as a required form.

Note: Please ensure due dates land on a working business day. Refer MPP 63-102 (c)(9) and ACIN I-58-08.

INTAKE & RECERTIFICATION INTERVIEWS

CW 2200 Requesting Verification

You have asked for ☒ CalWORKs (CW) ☒ CalFresh (CF) ☐ Medi-Cal (MC)

We need proof from you to see if you can get (or keep getting) cash aid or other benefits. We have listed the information we need below. We will not deny or end your benefits as long as you try to get the proof and tell us if you are having problems.

Due Date	Item #	Item	Person	Program	Check (✓) the box that applies to you
6/23/18		Driver License	Patrick Schumacher	<input checked="" type="checkbox"/> CW <input checked="" type="checkbox"/> CF <input type="checkbox"/> MC	<input type="checkbox"/> I don't have the proof <input type="checkbox"/> I tried but can't get the proof
6/23/18		Chase bank statement for account ending in 5832	Patrick Schumacher	<input checked="" type="checkbox"/> CW <input checked="" type="checkbox"/> CF <input type="checkbox"/> MC	<input type="checkbox"/> I don't have the proof <input type="checkbox"/> I tried but can't get the proof

June 2018

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

INTAKE & RECERTIFICATION INTERVIEWS

Notice of Missed Interview (NOMI)

CDSS will observe whether a NOMI is properly provided to a household after missing their interview.

Regulation:

- MPP 63-300.46- If a HH misses its scheduled interview, the CWD shall send the HH a Notice of Missed Interview (NOMI).
- MPP 63-300.46- The CWD shall reschedule if the HH requests another interview within 30 days when the initial application was filed.
- MPP 63-201(r)(3)- Compliance with "Recipient Due Dates" means items shall be received by close of business on the date specified unless that date falls on a weekend or holiday, in which case the due date is by close of business on the next normal working day.

Notes: *Incorrect Notice of Missed Interview is ranked number 2 of the Top 7 ME case review findings.*

INTAKE & RECERTIFICATION INTERVIEWS

Notice of Missed Interview (NOMI)

You were scheduled for an interview on 3/7/2018, but you did not keep this appointment. If you still want CalFresh benefits, please contact your worker to schedule another interview.

MM/DD/CCYY

You must complete your interview with us by 3/31/2018.

MM/DD/CCYY

You must be interviewed in order for us to determine your eligibility for CalFresh benefits. If you miss an interview, you will not be able to get CalFresh benefits.

If you have any questions or want more information, please contact your worker.

March 2018

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

INTAKE & RECERTIFICATION INTERVIEWS

Timely and Proper NOA

CDSS will observe whether a Notice of Action is properly given to households after an action is taken.

Regulation:

- MPP 63-504.2- All notices of action shall contain the information necessary to be considered adequate
- MPP 63-504.213- A notice of action shall be considered timely if there are at least 10 days from the date the notice is mailed until the effective date of the change
- MPP 63-504.266- Exemptions to NOA (Deceased, Out of County, Postponed Verifications)

INTAKE & RECERTIFICATION INTERVIEWS

Application Processed Timely

CDSS will observe whether applications are approved/denied timely.

Regulation: MPP 63-504.6

- The CWD shall complete the application process and approve or deny a timely application for recertification prior to the end of the HHs current certification period

INTAKE & RECERTIFICATION INTERVIEWS

Benefits issued after 15th

CDSS will observe whether benefits issued after the 15th, were prorated for the application month and full benefits were issued for the following month.

Regulation: ACL 08-39

- HHs which apply for benefits after the 15th of the month and have been determined eligible to receive benefits for the initial month and the subsequent month but have had their verification postponed shall receive both allotments at the same time.

INTAKE & RECERTIFICATION INTERVIEWS

Benefits issued in 30-days (Regular)

CDSS will observe whether benefits were issued within 30-days.

Regulation: MPP 63-301.1

- The CWD shall provide eligible HHs that complete the initial application process an opportunity to participate as soon as possible, but not later than 30 calendar days following the date the application was filed.

MYSTERY CALLS

Program Access



MYSTERY CALLS

Mystery Calls

CDSS conducts anonymous calls to counties service/call center to evaluate the assistance and information provided during an initial contact.

COUNTY MYSTERY TELEPHONE CALLS

District Office: _____
Address: _____
Phone Number: _____
Date: _____
Time: Start: _____ End: _____
Reviewer: _____

Average wait time: _____
Language: _____
Worker's Name (optional): _____

1. I need some help. I would like to get CalFresh benefits. What do I need to do? Do I have to come into the office to apply?
2. What time can I come in today to apply and where do I go to apply?
3. What do I need to bring with me?
4. How long will I be at the office to apply?
5. How long does it take to get CalFresh benefits? (If the person says it will take longer than 3 days to get CalFresh, ask if you can get them sooner than that. If the person presses your personal circumstances, state that, "I don't have any income and only have about \$50 in the bank.")
6. If I can't get to the office, can I call again and ask to get an application by mail?
7. Could I fax the application back? What is your fax number?

Additional observations from call: _____

MYSTERY CALLS

7/6/2018

Mystery Calls

COUNTY MYSTERY TELEPHONE CALLS

District Office: _____

Address: _____

Phone Number: _____

Date: _____

Time: Start: _____

Average wait time: _____

Language: _____

Worker's Name (optional): _____

COUNTY MYSTERY TELEPHONE CALLS

District Office: _____

Address: _____

Phone Number: _____

Date: _____

Time: Start: _____

End: _____

Reviewer: _____

Average wait time:

Language:

Worker's Name (optional):

MYSTERY CALLS

Mystery Calls

COUNTY MYSTERY TELEPHONE CALLS

District Office: _____

Address: _____

Phone Number: _____

Date: _____

Time: Start: _____

Average wait time: _____

Language: _____

Worker's Name (optional): _____

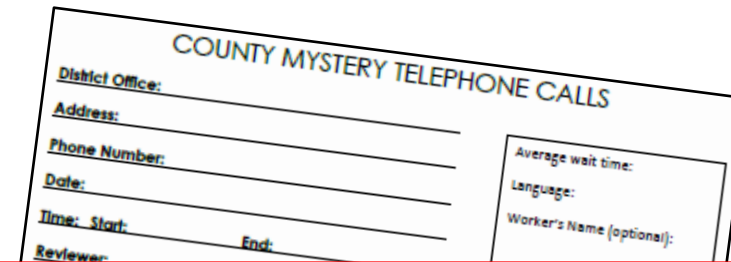
1. I need some help. I would like to get CalFresh benefits. What do I need to do? Do I have to come into the office to apply?
2. What time can I come in today to apply and where do I go to apply?
3. What do I need to bring with me?
4. How long will I be at the office to apply?

Additional observations from call: _____

and your fax number? _____

MYSTERY CALLS

Mystery Calls



COUNTY MYSTERY TELEPHONE CALLS

District Office: _____

Address: _____

Phone Number: _____

Date: _____

Time: Start: _____ End: _____

Reviewer: _____

Average wait time: _____

Language: _____

Worker's Name (optional): _____

5. How long does it take to get CalFresh benefits? (If the person says it will take longer than 3 days to get CalFresh, ask if you can get them sooner than that. If the person presses your personal circumstances, state that, "I don't have any income and only have about \$50 in the bank.")
6. If I can't get to the office, can I call again and ask to get an application by mail?
7. Could I fax the application back? What is your fax number?

Additional observations from call:

MYSTERY CALLS

Mail CF Application

CDSS will inquire whether a CF application can be mailed.

Regulation: MPP 63-300.34

- If a HH contacting the CalFresh office by telephone does not wish to come to the office to file the application that same day and instead prefers receiving an application through the mail, an application form shall be mailed to the HH on the same day the telephone request is received.

MYSTERY CALLS

Verbally Informed of ES

CDSS will ensure households are verbally informed about ES.

Regulation: MPP 63-301.521

- The CWD also shall advise individuals who inquire about the CalFresh Program by telephone of the ES processing standards for eligible HHs.

MYSTERY CALLS

Methods to Apply

CDSS will inquire about the different methods to apply.

Regulation: MPP 63-300.3

- Each HH shall be advised of their right to file an application, either paper or electronic, on the same day they contact the CWD office.
- HHs must file an application either in person, by mail, fax, through an electronic transmission, or through an on-line electronic application.

MYSTERY CALLS

Minimum information to file an application

CDSS will inquire about the minimum requirements to file an application.

- *Name, Address, Signature*

Regulation: MPP 63-300.32

- The HH shall be advised that it may file an incomplete application form as long as the form contains the applicant's name, address and signature.
- The applicant may be signed by the Responsible HH member or the Authorized Representative.

OFFICE CLOSURE PROCEDURES

Program Access



OFFICE CLOSURE PROCEDURES

Hours Posted

CDSS will ensure that correct office hours and days of operation are posted on the outside of the CWD offices.

Regulation: ACL 04-55

Post notices in prominent locations within the CWDs offices and in public areas, including the doors immediately outside the CWDs offices which inform the public about the working days, or the regular eight hours of a working day. Also:

- when the offices will be closed
- the procedures to obtain and file applications
- the procedures for applying for and receiving ES

OFFICE CLOSURE PROCEDURES

MPP 11-601.3 established the following requirements when county welfare offices are closed during the regular eight hours of a working day

Applications and Drop Box

CDSS will ensure applicants and participants are able to leave applications and documents if an office is closed during normal business hours.

Regulation: ACL 04-55

- Provide individuals the opportunity to file an application for CalFresh within the time frames prescribed by federal and state law by making applications readily available and providing a drop-box, mail slot, or other reasonable means for filing applications.

OFFICE CLOSURE PROCEDURES

CDSS Management Evaluation Guide: Document Imaging

County/Office: _____ Date: _____

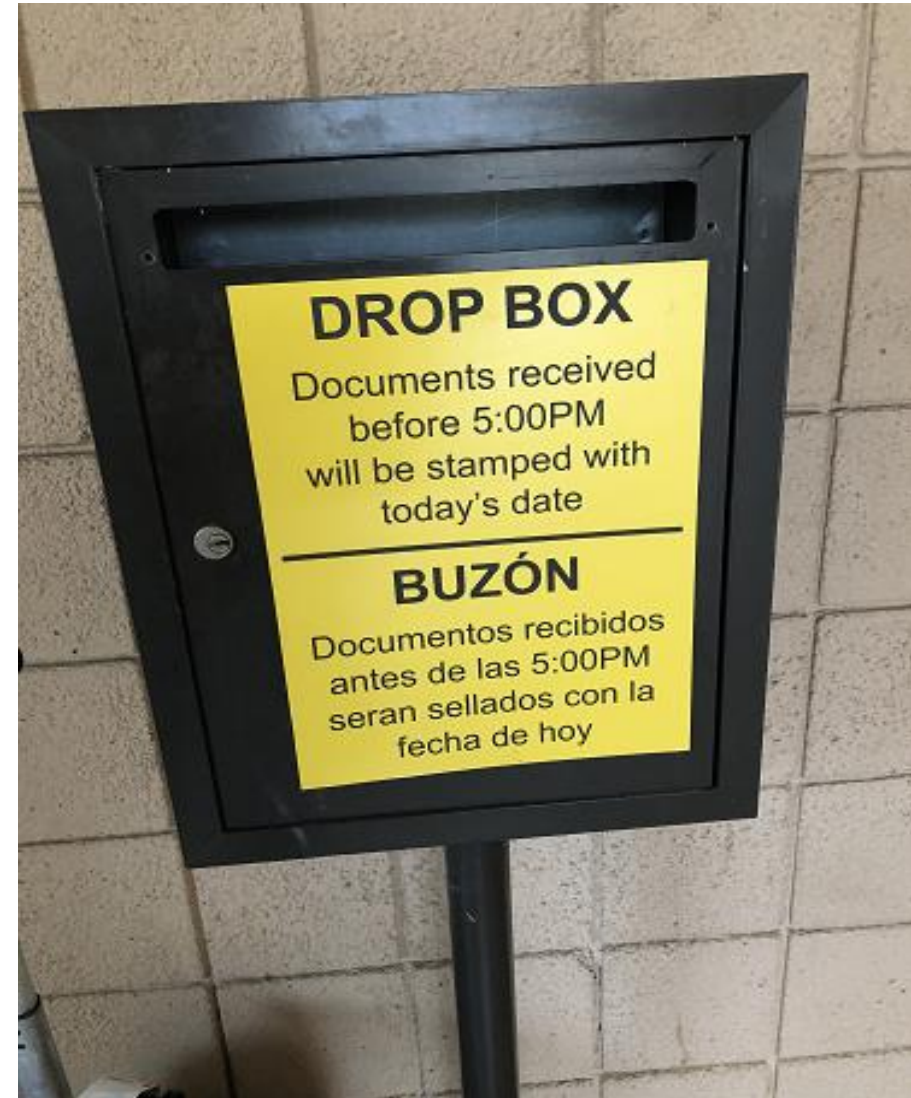
Reviewed by: _____

	Yes	No	N/A	Comments/Notes
DROP-BOX MAIL				
• Who picks up?				
• Who Scans?				
Pick-up times				
Last pick-up				
Date-stamped correctly				
• Date stamp only first page				
• Date stamp all Individual Documents				
Who Images?				
Who Index, validates, review for QA?				
Documents stored/How long before shredding				

Management Evaluation-Documents/Imaging Checklist (Revised 1/18)

OFFICE CLOSURE PROCEDURES

7/6/2018



OFFICE CLOSURE PROCEDURES

7/6/2018

CDSS Manager
County/Office: _____
Reviewed by: _____

CENTRALIZED IMAGING UNIT

- Yes - Location
- No - Each office has their own imaging unit

Reception does up-front scanning

- Date stamp
- Case comment
- Receipts provided

Scanning Kiosks for documents

- Yes - who pulls/scans the case file? How often?

Name of system used to electronically store documents

Who index, validates, review for QA?

Documents stored for how long before shred?

DROP-BOX MAIL

- Who picks up?
- Who scans?

Pick-up times

Last pick-up

Date-stamped comments

- Date stamp
- Date stamp

Who images?

Who index, validates, review for QA?

Documents stored for how long before shred?

INCOMING US

- Who is

Times Received

	Yes	No	N/A	Comments/Notes
CENTRALIZED IMAGING UNIT				
• Yes - Location				
• No - Each office has their own imaging unit				
Reception does up-front scanning				
• Date stamp				
• Case comment				
• Receipts provided to client				
Scanning Kiosks for documents				
• Yes - who pulls/scanned documents to the case file? How often?				
Name of system used to electronically store documents				
Who index, validates, review for QA?				
Documents stored for how long before shred?				

MANAGEMENT EVALUATION SCORECARD

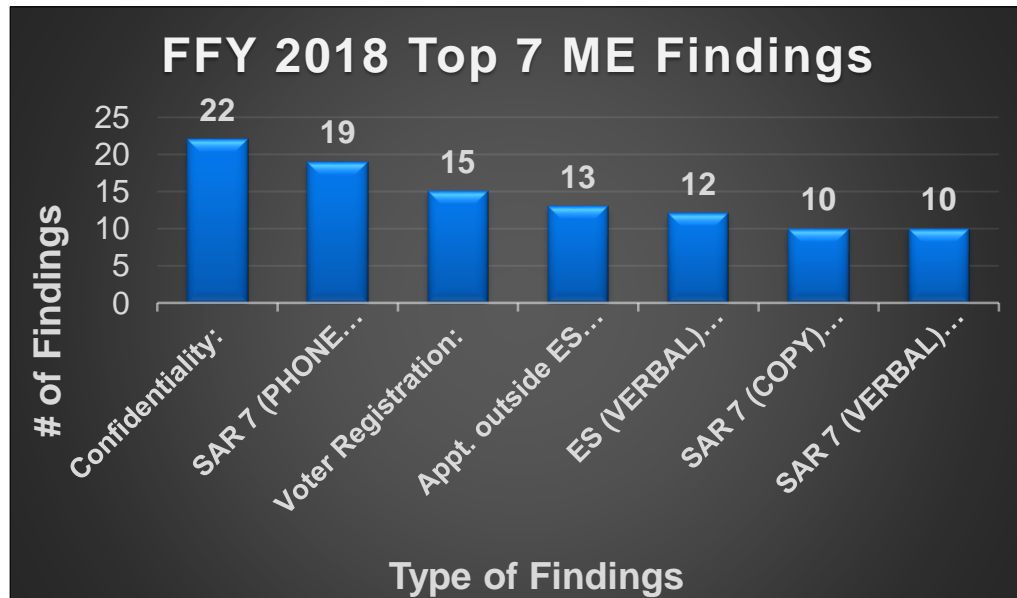


MANAGEMENT EVALUATION SCORECARD

7/6/2018

Management Evaluation Top 7 Findings FFY 2018

1. **Confidentiality**
2. **SAR 7 (Phone#) Not Provided**
3. **Voter Registration**
4. **Appointment Scheduled outside of ES Timeframe**
5. **ES (Verbal) Informing**
6. **SAR 7 (Sample) Not Provided**
7. **SAR 7 (Verbal) Informing**



Program Access	# of Findings	Percentage	Code (Regulations)	
SAR 7 (COPY) Not Provided	10	42%	MPP 63-300.412	
SAR 7 (VERBAL) Not Explained	10	42%	MPP 63-300.411	
SAR 7 (WRITTEN) Instructions	5	21%	MPP 63-300.411	
SAR 7 (PHONE #) Not Provided	19	79%	MPP 63-300.414	
Rights & Responsibilities	10	42%	MPP 63-300.4	
Voter Registration	15	63%	ACIN I-01-12	ACIN I-04-13
Confidentiality	21	92%	MPP 63-300.4	MPP 63-201.34
Methods to Apply	6	25%	MPP 63-300.3	
Application Duplication	8	33%	ACL 15-84, 84E	7 CFR 273.5(a)(1)
ES (VERBAL) Informing	12	50%	MPP 63-301.521	
Incomplete Applications	4	17%	MPP 63-300.32	
Hours of Operation	1	4%	MPP 11-601.314	ACL 04-55
Offering Phone Interview	5	21%	ACL 12-26	
Requiring Photo ID	1	4%	ACIN I-45-11	
Incorrect Info	0	0%	FNS 310	
Date Stamping Mail	5	21%	MPP 63-300.33	
Apprv RRR No Interview	1	4%	MPP 63-504.61	
No/Incorrect CW2200	4	17%	FNS 310	ACL 14-26
Not Screening ES 100%	1	4%	ACL 12-74	
Duplication of Process	0	0%	7 CFR 273.2(a)(1)	
No Wrong Door	1	4%	MPP 63-300.31	
Inaccurate Notices	1	4%	FNS 310	
Right to Paper Copy of Info Submitted Electronically	0	0%	ACL 16-59	
NEC Mailed Too Early	0	0%	MPP 63-504.251	
CF 37 Not Being Used	0	0%	ACL 14-101, 14-101E	
Office Closure Procedures	1	4%	ACL 04-55	
Restoration Process	4	17%	7 CFR 273.14(e)(3)	
Over Verifying	2	8%	FNS 310	
No Available Resources/Info	0	0%	MPP 63-201.42 and .43	
No Exterior/Interior Drop Box	1	4%	MPP 11-601.311(b))	
Applications Not in the Lobby	3	13%	MPP 63-300.34	
On-line App	0	0%		
No ES Screening:	0	0%	ACL 12-74	
Appt. Outside ES Timeframe:	13	57%	MPP 63-301.531(a)	
Online Signage (Station)	0	0%	ACL 16-59	

Total	
Number of ME (FFY 2018):	24
FFYTD Program Access Findings:	152
Avg. Findings Per County:	6

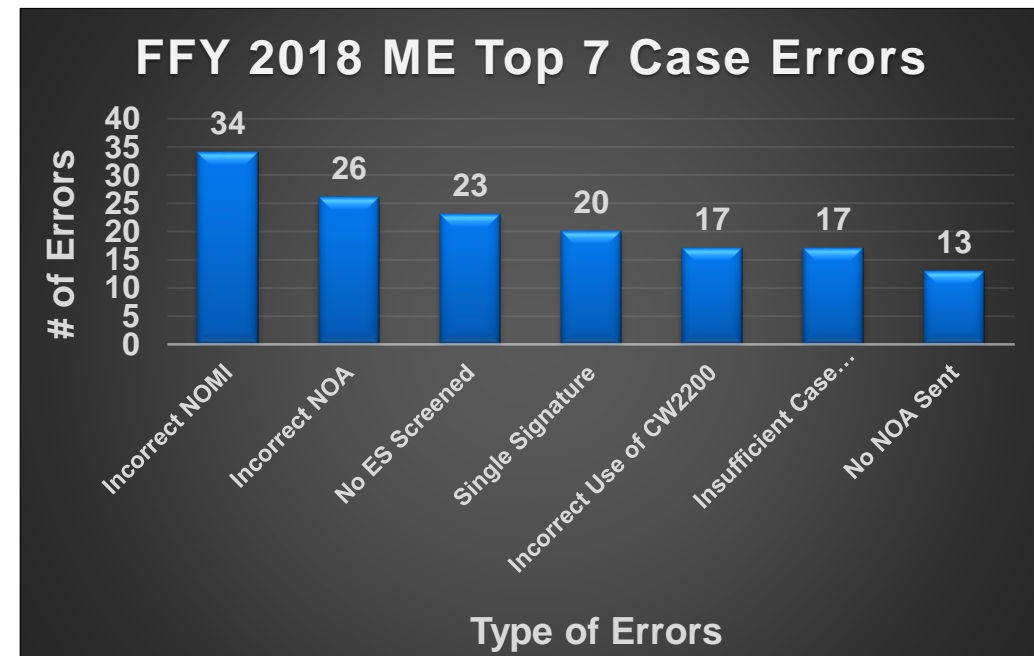
MANAGEMENT EVALUATION SCORECARD

Management Evaluation Case Review Top 7 Findings FFY 2018

1. **Incorrect NOMI**
2. **Incorrect NOA**
3. **No ES Screened**
4. **Single Signature**
5. **Incorrect use of CW 2200**
6. **Insufficient Case Narrative**
7. **No NOA Sent**

Total Case Reviews	
Reviewed ME Cases	575
ME Case Error	205
ME Case Error Rate	36%

Management Evaluation Top 7 Case Errors FFY 2018	
Incorrect NOMI	34
Incorrect NOA	26
No ES Screened	23
Single Signature	20
Incorrect Use of CW2200	17
Insufficient Case Narrative	17
No NOA Sent	13



PAYMENT ACCURACY

PAYMENT ACCURACY

7/6/2018

Case Reviews

Case reviews are conducted to identify trends and potential problem areas based on the case findings.

Case reviews are randomly selected by the list provided from CWD.

The case list consists of 3 type of reviews:

- **Denial Cases**
- **Terminated Cases**
- **Recertification Cases**

CALFRESH CASE REVIEW FORM
DENIAL/TERMINATION/RECERTIFICATION

Enclosure C

NAME (LAST)	(FIRST)	CASE NUMBER	SAMPLE#	REASON:
ANALYST	DATE	COUNTY	REVIEW MO/YR	

Procedure Issues:

Denial/Termination Reason:

<input type="checkbox"/> Residency	<input type="checkbox"/> Verification/Information	<input type="checkbox"/> Aid on another case
<input type="checkbox"/> Voluntary Quit	<input type="checkbox"/> Missed Interview	<input type="checkbox"/> IPV/Sanction
<input type="checkbox"/> Failure to complete process	<input type="checkbox"/> Over income	<input type="checkbox"/> Drug Felon
<input type="checkbox"/> Household Concept	<input type="checkbox"/> Voluntary Withdrawal	<input type="checkbox"/> EBT not accessed
<input type="checkbox"/> Citizenship/Alien Status	<input type="checkbox"/> Ineligible student	<input type="checkbox"/> Before/After 30 Days
<input type="checkbox"/> SAR 7 not received/incomp	<input type="checkbox"/> TFS Issued/Not Issued	<input type="checkbox"/> Incorrect NOA Reason
<input type="checkbox"/> Failure to sign SOF	<input type="checkbox"/> Work registration	<input type="checkbox"/> Other (ie: SSI/SSP)

DENIALS

1. Was the denial timely?	YES	NO	N/A
Application filing date _____			
Interview Date (within 3 days) _____			
Date of NOA _____			
Denied Before/After 30 days _____ Before			

2. Was the denial NOA correct?

3. Is there verification? (student status, felony, income, etc.)

3. Was the narration sufficient?*

4. Was the NOMI timely (if applicable)?

5. Was the NOA reason(s) correct?

EXPEDITED SERVICE

1. Was the HH screened for ES on application?	YES	NO	N/A
2. Was there narration for ES?*			

TERMINATIONS

1. Was the termination action correct?	YES	NO	N/A
2. Is there documentation (verification) to support the action?			
3. Was the narration sufficient?*			
4. Was the termination notice sent? Date _____			
5. Were benefits issued the following month after the term action?			

RECERTIFICATIONS

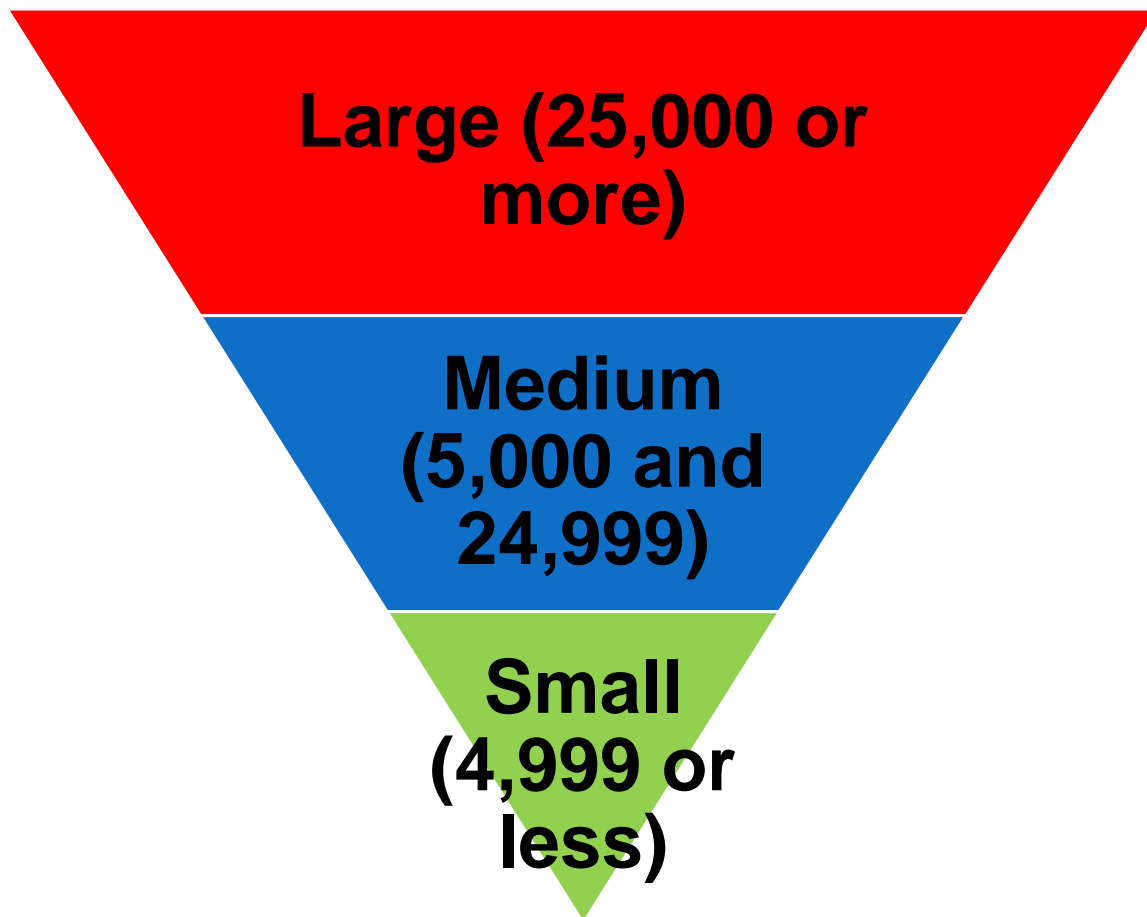
1. Last approval NOA (for certification) _____	YES	NO	N/A
2. Timely NEC issued _____			
3. Appointment Letter Issued _____			
4. Date of Interview _____			
5. NOMI Issued (if no show on interview)? _____			
6. Recent action to approve/deny taken prior to the end of current Cert?			
7. Recent Approval, was HH provided uninterrupted benefits?			
8. Was a timely NOA provided to the HH?			
9. Was case adequately documented and narrated to support action?			

COMMENTS: *(Subjectively evaluate the quality of the narrative and documentation)

Revised 7/2016, FV

PAYMENT ACCURACY

County Caseload Size



Large, Medium, and Small counties are determined by the county caseload size.

The number of cases pulled for ME sampling, are based on the county sizes.

- **Large** counties - 40 cases
- **Medium** counties - 30 cases
- **Small** counties - 15 cases

PAYMENT ACCURACY

Large Counties

- Los Angeles
- San Bernardino
- San Diego
- Riverside
- Orange
- Sacramento
- Fresno
- Kern
- Alameda
- Santa Clara
- Tulare
- San Joaquin
- Stanislaus
- Ventura
- San Francisco
- Contra Costa

Medium Counties

- Merced
- Monterey
- Solano
- Sonoma
- Santa Barbara
- Imperial
- Butte
- San Mateo
- Santa Cruz
- Shasta
- Humboldt
- Madera
- Kings
- Yolo
- San Luis Obispo
- Placer
- El Dorado
- Mendocino
- Lake
- Marin
- Yuba
- Sutter

Small Counties

- Tehama
- Nevada
- Napa
- Siskiyou
- Tuolumne
- Calaveras
- Del Norte
- San Benito
- Amador
- Lassen
- Glenn
- Plumas
- Mariposa
- Inyo
- Trinity
- Colusa
- Modoc
- Mono
- Sierra
- Alpine

7/6/2018

[illegible]

1. Was the denial timely?
Application filing date _____
Interview Date (within 3 days) _____
Date of NOA _____
Denied Before/After 30 days _____
2. Was the denial NOA correct?
3. Is there verification? (student status, felony, income, etc.)
3. Was the narration sufficient?*
4. Was the NOMI timely (if applicable)?
5. Was the NOA reason(s) correct?

1. Was the HH screened for ES on application?
2. Was there narration for ES?*

YES	NO	N/A
YES	NO	N/A

PAYMENT ACCURACY

Terminated Case Reviews

TERMINATIONS

1. Was the termination action correct?
2. Is there documentation (verification) to support the action?
3. Was the narration sufficient?*
4. Was the termination notice sent? Date _____
5. Were benefits issued the following month after the term action?

CALFRESH CASE REVIEW FORM
DENIAL/TERMINATION/RECERTIFICATION

Enclosure C

NAME (LAST)	FIRST	CASE NUMBER	SAMPLE#	REASON:
ANALYST	DATE	COUNTY	REVIEW MO/YR	

Denial/Termination Reason:

<input type="checkbox"/> Residency	<input type="checkbox"/> Verification/Information	<input type="checkbox"/> Aid on another case
<input type="checkbox"/> Voluntary Quit	<input type="checkbox"/> Missed Interview	<input type="checkbox"/> IPV/Sanction
<input type="checkbox"/> Failure to complete process	<input type="checkbox"/> Over income	<input type="checkbox"/> Drug Felony
<input type="checkbox"/> Household Consent		

Procedure Issues:

YES	NO	N/A

8. Was a timely NOA provided to the HH?

9. Was case adequately documented and narrated to support action?

COMMENTS: *(Subjectively evaluate the quality of the narrative and documentation)

Revised 7/2016, FV

PAYMENT ACCURACY

Recertification Case Reviews

RECERTIFICATIONS

1. Last approval NOA (for certification) _____
2. Timely NEC issued _____
3. Appointment Letter Issued _____
4. Date of Interview _____
5. NOMI Issued (if no show on interview)? _____
6. Recert action to approve/deny taken prior to the end of current Cert?
7. Recert Approval, was HH provided uninterrupted benefits?
8. Was a timely NOA provided to the HH?
9. Was case adequately documented and narrated to support action?

CALFRESH CASE REVIEW FORM
DENIAL/TERMINATION/RECERTIFICATION

Enclosure C

NAME (LAST)	(FIRST)	CASE NUMBER	SAMPLE#	REASON:
ANALYST	DATE	COUNTY	REVIEW MO/YR	

Denial/Termination Reason:

☐ Residency
 ☐ Verification/Information
 ☐ Voluntary Quit
 ☐ Mixed Information
 ☐ Aid on another case

Procedure Issues:

YES	NO	N/A

Revised 7/2016, FV

MANAGEMENT EVALUATION PROVEN PRACTICES

CALFRESH RESOURCE PAGE



WEBSITE REVIEW

Department Website

CDSS will review CWD websites for:

- *Methods to Apply*
- *Minimum Requirements to File an Application*
- *Days and Hours of Operation*
- *Call Center Info (If applicable)*

CDSS Management Evaluation Guide: Website				
County/Office: _____		Date: _____		
Reviewed by: _____				
	Yes	No	N/A	Comments/Notes
Website link				
• CalFresh Page Available				
Methods to Apply				
• In-person				
• Online				
• By Mail				
• By Fax				
Other options:				
Minimum Requirements to File an App				
• Name				
• Address				
• Signature				
Days of Operation Available?				
Days Offices Is Open:				
Hours of Operation Available?				
Office Hours:				
List of Offices Available?				
Call Center Info Available?				
Call Center Phone Number				
Call Center Days/Hours				
Online Portal Info				
Online Link Available				C4Yourself/BCW/YBN
Website is Easy Navigate?				
Additional comments/observations:				
Recommendations:				
Management Evaluation-Documents/Imaging Checklist (Revised 6/2018)				

MANAGEMENT EVALUATION PROVEN PRACTICES

How to access the CDSS Management Evaluation CalFresh Resource Center:

Step 1

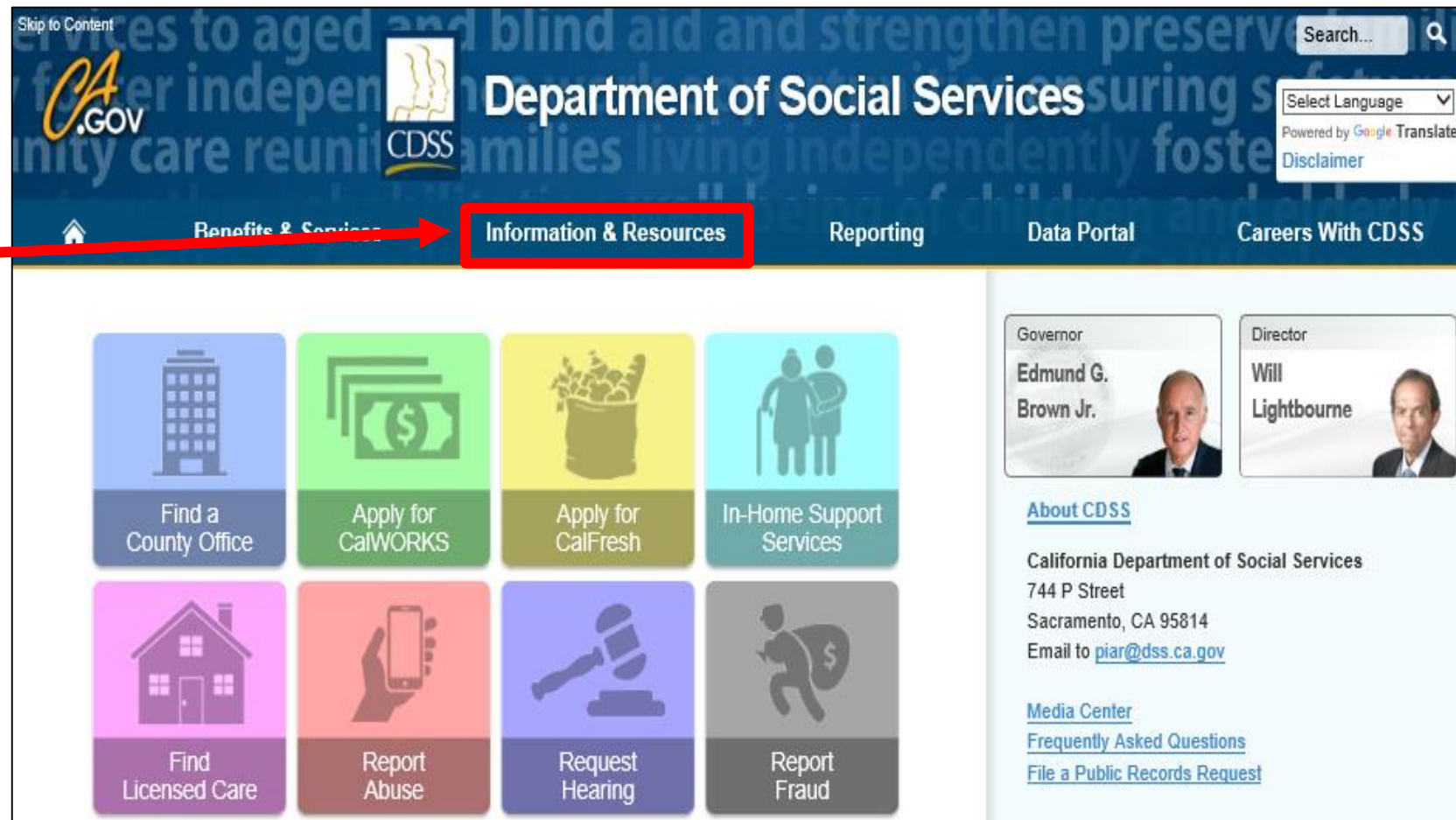
- Enter URL www.cdss.ca.gov/ in the web address bar



MANAGEMENT EVALUATION PROVEN PRACTICES

Step 2

- Click on **Information & Resources**



MANAGEMENT EVALUATION PROVEN PRACTICES

[Home](#) [Information & Resources](#) [Letters/Regulations](#) [Forms/Brochures](#) [Fiscal/Financial](#) [Data Portal](#)

Welcome to the Information and Resource Guide

This website is intended to assist our business partners in understanding policies and practices of programs which fall under the authority of the California Department of Social Services. For more information and resources please select the program information you are seeking from the list below. A list of programs in alphabetical order is available in the column to your right. Members of the public can use the link in the upper right hand corner to access our Benefits and Services webpages.

Programs

Adult Programs

- [In-Home Supportive Services](#)
- [Case Management, Information and Payrolling System \(CMIPS\)](#)
- [Supplemental Security Income/State Supplementary Payment \(SSI/SSP\)](#)
- [Adult Protective Services](#)
- [Cash Assistance for Immigrants](#)

Cash Aid, Food and Service Programs

- [CalFresh](#)
- [CalWORKs](#)
- [CalWORKs Child Care](#)
- [Electronic Benefits Transfer \(EBT\)](#)
- [The Emergency Food Assistance Program](#)

Child Welfare Programs

- [Adoptions](#)
- [Adoption Assistance Program](#)
- [Caregiver Advocacy Network](#)
- [Child Fatality and Near Fatality](#)
- [Child Trafficking Response Unit](#)
- [Child Welfare Program Improvement](#)
- [Child Welfare Protection](#)
- [Child Welfare Services Case Management System](#)
- [Child Welfare Training](#)
- [Continuum of Care Reform](#)
- [Foster Care](#)
- [Foster Care Ombudsperson](#)
- [Office of Child Abuse Prevention](#)
- [Resource Family Approval Program](#)
- [Safely Surrendered Baby](#)

Resources A to Z

- [Administrator Certification Program](#)
- [Adoptions](#)
- [Adoption Assistance Program](#)
- [Adult Care Licensing](#)
- [Adult Protective Services](#)
- [Appeals Case Management System](#)
- [Automated Assistance Claims](#)
- [Bringing Families Home](#)
- [CalFresh](#)
- [CalWORKs](#)
- [CalWORKs Child Care](#)
- [Caregiver Advocacy Network](#)
- [Caregiver Background Check Bureau](#)
- [Cash Assistance for Immigrants](#)
- [Child Care Licensing](#)
- [Child Fatality and Near Fatality](#)
- [Child Trafficking](#)
- [Child Welfare Program Improvement](#)
- [Child Welfare Protection](#)
- [Child Welfare Services Case Management System](#)
- [Child Welfare Training](#)
- [Children's Residential Licensing](#)
- [Civil Rights](#)
- [Case Management, Information and Payrolling System \(CMIPS\)](#)
- [Community Care Licensing](#)
- [Continuing Care Retirement Community](#)
- [Continuum of Care Reform](#)
- [County Expense Claims \(CEC\)](#)
- [County Expense Claim Reporting Information System \(CECRIS\)](#)
- [Deaf Access Program](#)

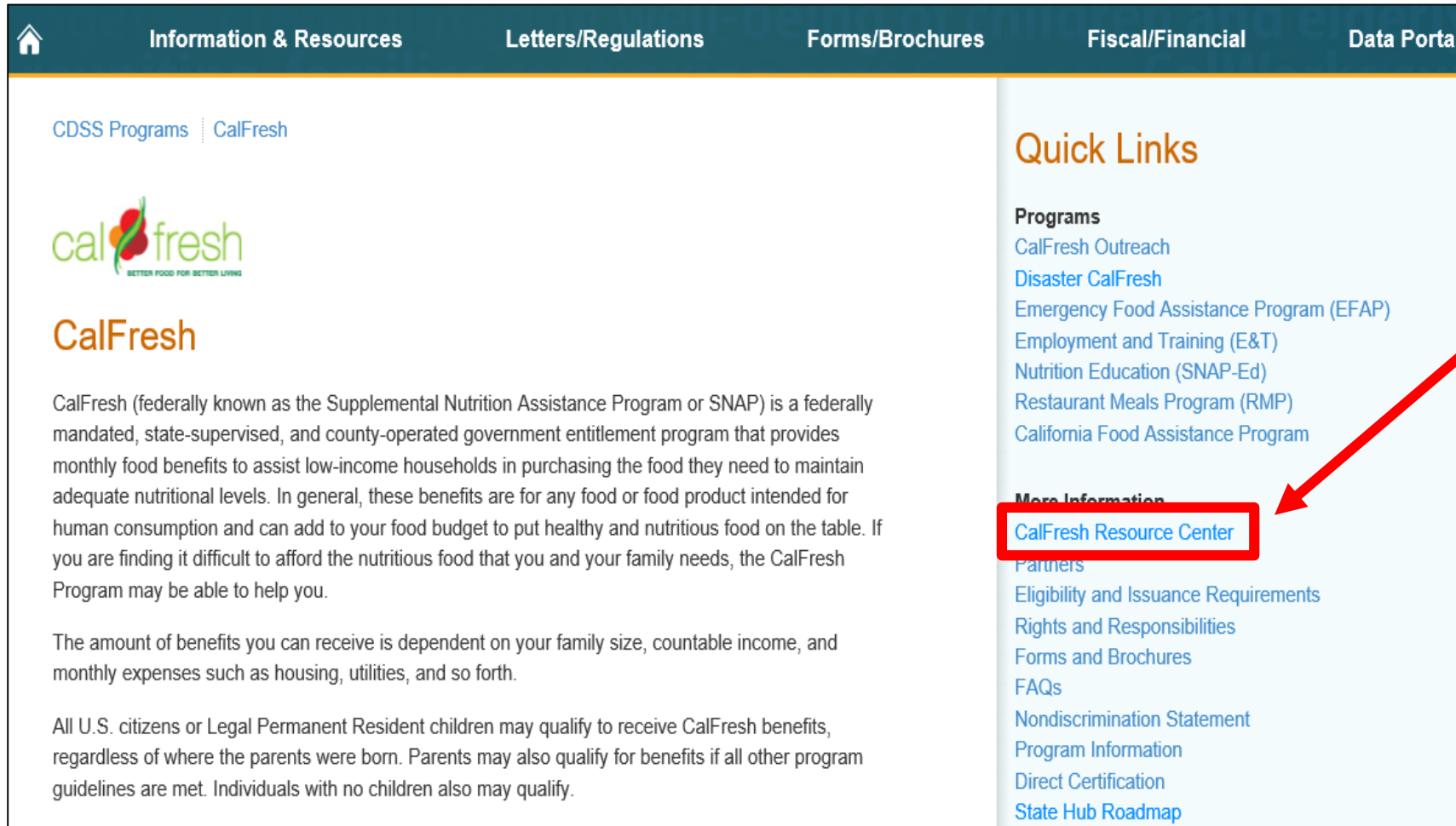
Step 3

- Click on **CalFresh** listed under Resources A to Z

Or

- Click on **CalFresh** listed under Programs-Cash Aid, Food and Service Programs

MANAGEMENT EVALUATION PROVEN PRACTICES



The screenshot shows the CalFresh website interface. At the top is a navigation bar with links: Information & Resources, Letters/Regulations, Forms/Brochures, Fiscal/Financial, and Data Portal. Below this, the main content area is divided into two columns. The left column features the CalFresh logo and a description of the program. The right column, titled 'Quick Links', lists various program-related links. A red box highlights the 'CalFresh Resource Center' link under the 'More Information' section, with a red arrow pointing to it from the right.

CDSS Programs | CalFresh

CalFresh

CalFresh (federally known as the Supplemental Nutrition Assistance Program or SNAP) is a federally mandated, state-supervised, and county-operated government entitlement program that provides monthly food benefits to assist low-income households in purchasing the food they need to maintain adequate nutritional levels. In general, these benefits are for any food or food product intended for human consumption and can add to your food budget to put healthy and nutritious food on the table. If you are finding it difficult to afford the nutritious food that you and your family needs, the CalFresh Program may be able to help you.

The amount of benefits you can receive is dependent on your family size, countable income, and monthly expenses such as housing, utilities, and so forth.

All U.S. citizens or Legal Permanent Resident children may qualify to receive CalFresh benefits, regardless of where the parents were born. Parents may also qualify for benefits if all other program guidelines are met. Individuals with no children also may qualify.

Quick Links

Programs

- CalFresh Outreach
- Disaster CalFresh
- Emergency Food Assistance Program (EFAP)
- Employment and Training (E&T)
- Nutrition Education (SNAP-Ed)
- Restaurant Meals Program (RMP)
- California Food Assistance Program

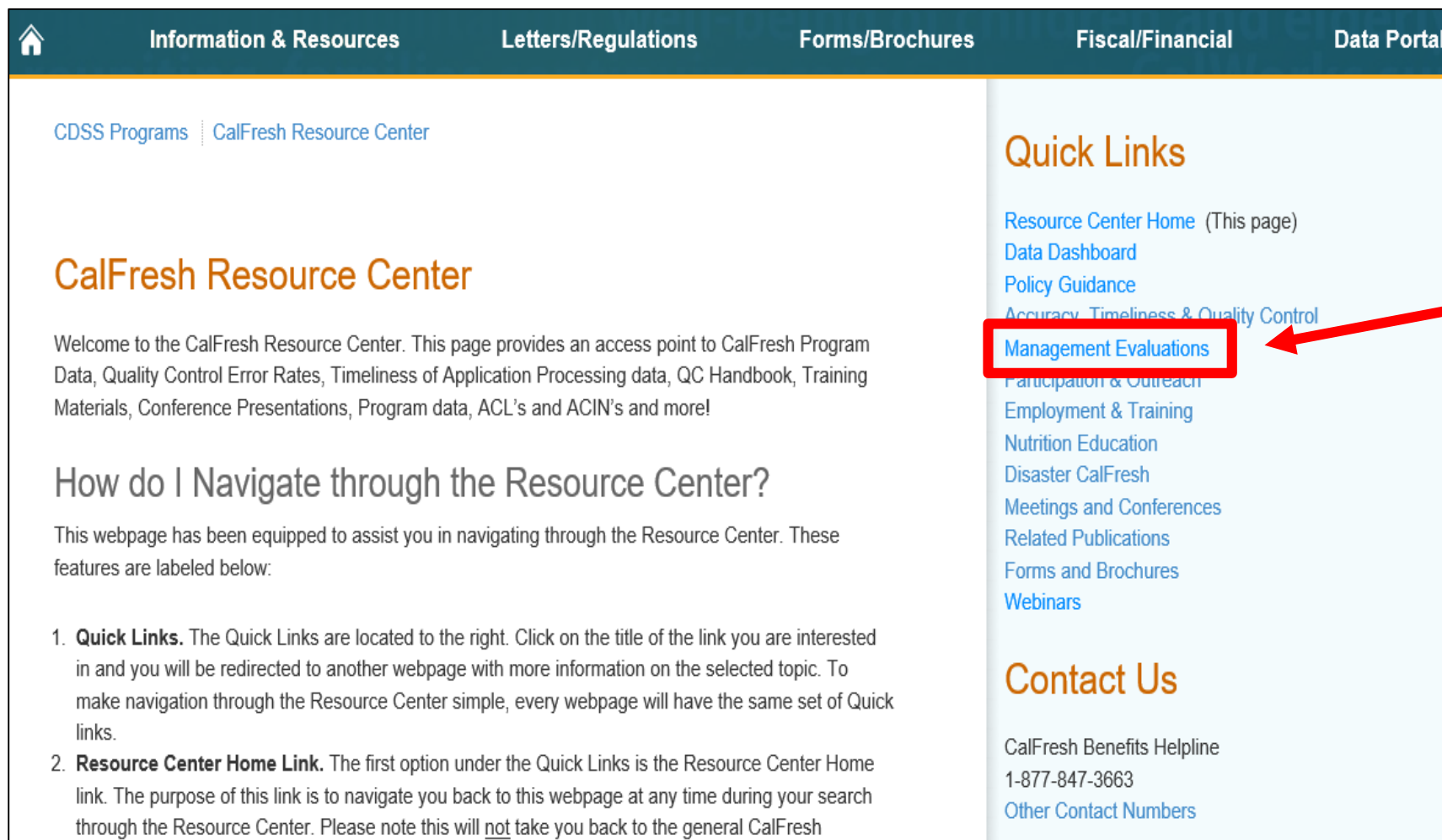
More Information

- CalFresh Resource Center**
- Partners
- Eligibility and Issuance Requirements
- Rights and Responsibilities
- Forms and Brochures
- FAQs
- Nondiscrimination Statement
- Program Information
- Direct Certification
- State Hub Roadmap

Step 4

- Under More Information, click on **CalFresh Resource Center**

MANAGEMENT EVALUATION PROVEN PRACTICES



CDSS Programs | CalFresh Resource Center

CalFresh Resource Center

Welcome to the CalFresh Resource Center. This page provides an access point to CalFresh Program Data, Quality Control Error Rates, Timeliness of Application Processing data, QC Handbook, Training Materials, Conference Presentations, Program data, ACL's and ACIN's and more!

How do I Navigate through the Resource Center?

This webpage has been equipped to assist you in navigating through the Resource Center. These features are labeled below:

1. **Quick Links.** The Quick Links are located to the right. Click on the title of the link you are interested in and you will be redirected to another webpage with more information on the selected topic. To make navigation through the Resource Center simple, every webpage will have the same set of Quick links.
2. **Resource Center Home Link.** The first option under the Quick Links is the Resource Center Home link. The purpose of this link is to navigate you back to this webpage at any time during your search through the Resource Center. Please note this will not take you back to the general CalFresh

Quick Links

- Resource Center Home (This page)
- Data Dashboard
- Policy Guidance
- Accuracy, Timeliness & Quality Control
- Management Evaluations**
- Participation & Outreach
- Employment & Training
- Nutrition Education
- Disaster CalFresh
- Meetings and Conferences
- Related Publications
- Forms and Brochures
- Webinars

Contact Us

CalFresh Benefits Helpline
1-877-847-3663
[Other Contact Numbers](#)

Step 5

- Listed under Quick Links, click on **Management Evaluations**

MANAGEMENT EVALUATION PROVEN PRACTICES

Step 6

Listed under Management Evaluation

- ME Schedules
- Management Evaluation Checklist
- Best Practices Guides (Listed by counties)

The screenshot shows the CalFresh Resource Center website. The navigation bar includes links for Information & Resources, Letters/Regulations, Forms/Brochures, Fiscal/Financial, and Data Portal. The main content area is titled 'Management Evaluations' and includes a breadcrumb trail: CDSS Programs | CalFresh Resource Center | Management Evaluations. Below the title, there are two subsections: 'Schedules' and 'Tools'. The 'Schedules' subsection lists three items: 'Management Evaluation Schedule 2017-2018 Last Updated 2.23.2018', 'Management Evaluation Schedule 2016-2017', and 'Management Evaluation Schedule 2015-2016'. The 'Tools' subsection lists two items: 'Management Evaluation Checklist' and 'Best Practices'. A red box highlights the 'Schedules' and 'Tools' subsections. On the right side of the page, there is a 'Quick Links' section with links to Resource Center Home, Data Dashboard, Policy Guidance, Accuracy, Timeliness & Quality Control, Management Evaluations, Participation & Outreach, Employment & Training, Nutrition Education, Disaster CalFresh, Meetings and Conferences, and Related Publications.

Information & Resources Letters/Regulations Forms/Brochures Fiscal/Financial Data Portal

CDSS Programs | CalFresh Resource Center | Management Evaluations

Management Evaluations

Schedules

- Management Evaluation Schedule 2017-2018 Last Updated 2.23.2018
- Management Evaluation Schedule 2016-2017
- Management Evaluation Schedule 2015-2016

Tools

- Management Evaluation Checklist
- Best Practices

Quick Links

- Resource Center Home
- Data Dashboard
- Policy Guidance
- Accuracy, Timeliness & Quality Control
- Management Evaluations
- Participation & Outreach
- Employment & Training
- Nutrition Education
- Disaster CalFresh
- Meetings and Conferences
- Related Publications

REFERENCES

[Management Evaluation](#)

[Manual Policies and Procedures \(MPP\)](#)

[California Federal Regulations \(CFR\)](#)

[All County Letters \(ACL\)](#)

[All County Information Notices \(ACIN\)](#)

Note: *Click on the references link above, for direct access to the website.*